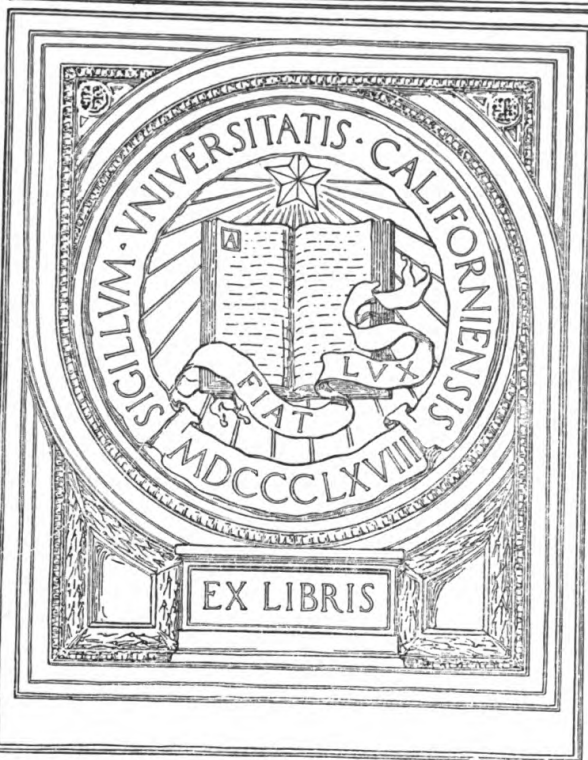






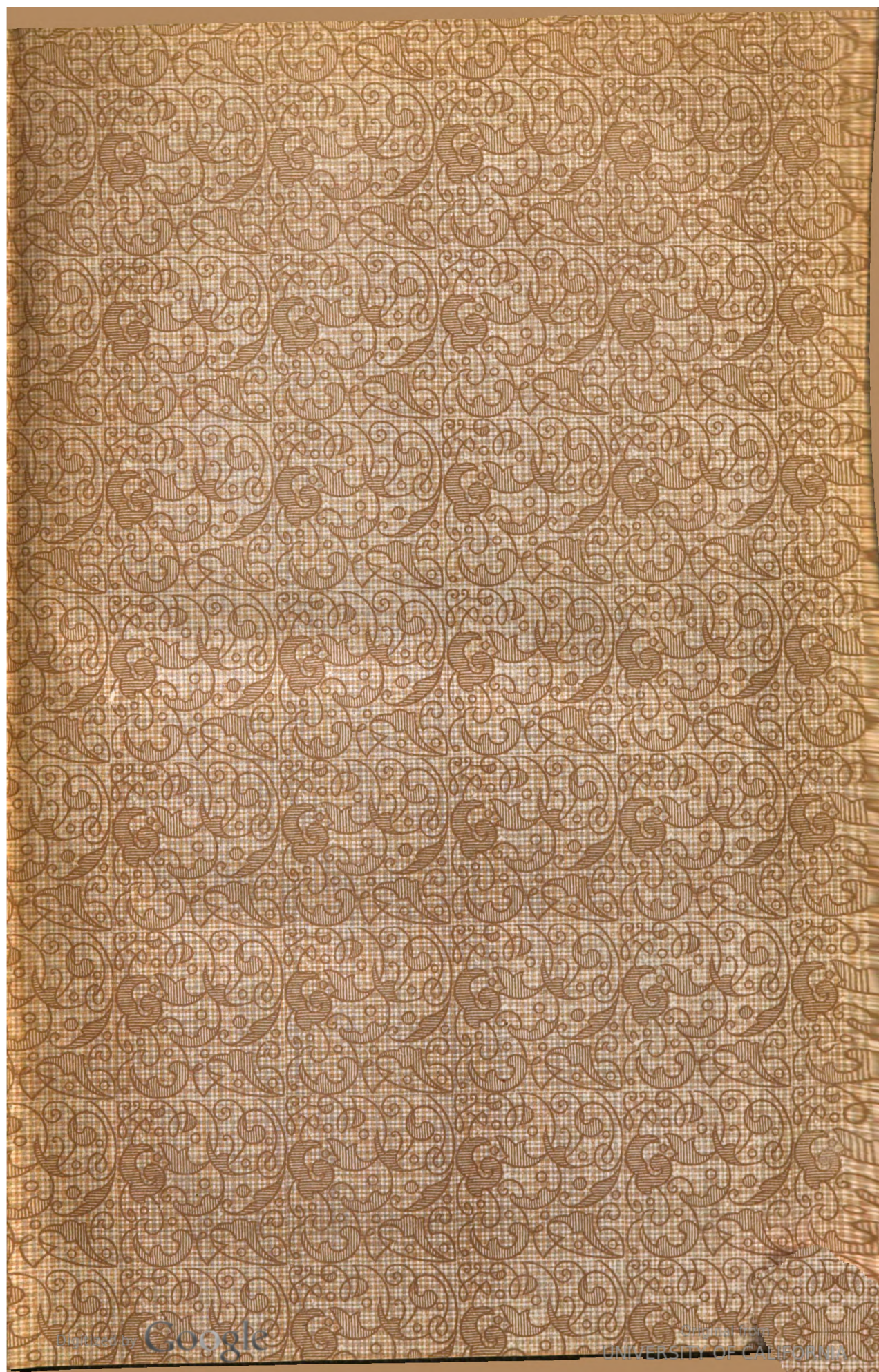
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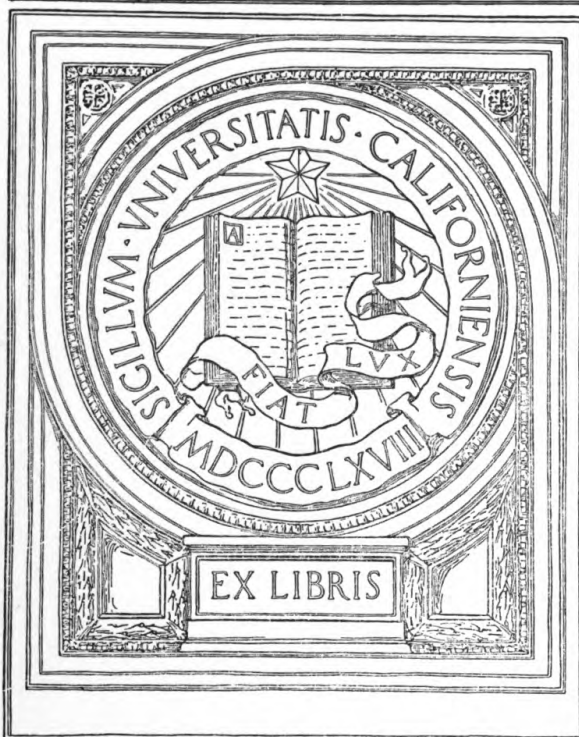
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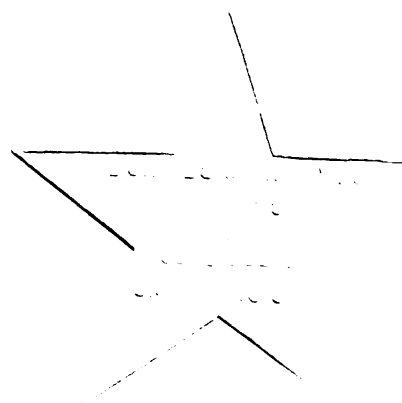




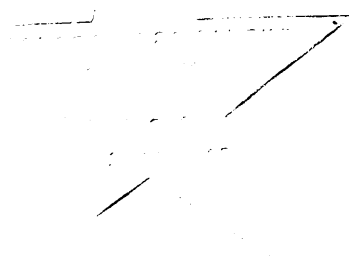












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EDITED BY

C. E. WHEELER, M.D., B.Sc.

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# THE HOMŒOPATHIC WORLD.

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JANUARY 1, 1913.

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## THE NEW LEAVEN.\*

### A REVIEW AND REFLECTIONS.

BY GEORGE BURFORD, M.B.

SIGNS of the times are blazoned in literature before they materialise in the acts of men, and in this book are delineated the shadows of those medico-sociological events, whose advent—probability being the guide of life—is at hand. Also the writing on the wall is pretty plainly pre-figured, if through malfeasance or intellectual blindness, the enlargement of prevention in the domain of medicine is checked, and its free course blocked or belittled. A wise and statesman-like volume is this; its horizon is wide; it sees the physician as the exponent of a liberal profession, and the profession of medicine as an instrument for the well-being of humanity. And in the breadth of the author's intellectual outlook is included the co-operative work of the sociologist, and of the politician, with that of the therapist, in maintaining the sound mind in the sound body.

For as the treatment of the problems of disease moves steadily from cure to prevention, economic evils such as poverty, and administrative evils such as defective housing and defective child nurture,—these being the main causes of chronic disease—will bulk more and more largely in the daily eliminative work of the medical adviser. Thus the complete physician must be a blend of sociologist, administrator and

\* *The Doctor and his Work*, by Charles J. Whitby, M.D. (Cantab). London: Stephen Swift & Co., King Street, Covent Garden. Price 3s. 6d. net.



doctor in meeting the requirements of the New Age now knocking at our doors ; for the precept *salus populi suprema lex* is becoming a mandate, and will have more power to its right arm in the twentieth than in any preceding century.

*An Object Lesson in Preventive Medicine.*

As an object-lesson of the economic advantages of preventive medicine, take malaria. It would be difficult to estimate the grim totality of death, of pain, of broken-winged existences which have been the noxious issues of the disease. For untold years it has been, in hot countries, the pestilence that walked in darkness. Curative medicine has laboured with its most sublimated methods to oust it after its invasion ; but the chariots of therapeutists—like those of Pharaoh—drave heavily. Now look on the issues of preventive medicine ; and take the instance of Ismailia. This town, with a population of some 10,000, had up to 1902 an annual average of 1,500 malarial patients. It was a crippling and an expensive embargo on the work of the Suez Canal officials ; ordinary therapeutics had done its best. In that year preventive medicine, under Sir Ronald Ross, took the case in hand ; the haunts and breeding places of the mosquito—carrier of the malarial germ —were attacked, and with such result that the cases fell in the next ensuing year to 214, and in 1905 to 37 ! Exactly so has it been with Panama ; in the French occupation the total mortality was estimated as 50,000 due to infective disease. The United States Government went to work with the panoply of more recent preventive medicine ; and according to Colonel Gorgas, the medical director, “ among 6,000 American employees (including women and children) there is but little sickness of any kind ; their general appearance is fully as vigorous and robust as the same number of people in the United States.”

Comment would be superfluous.

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*The Aspiration of the New Physician.*

Wings of foresight are the possession of the man of genius ; and that the author is a seer—albeit with limitations, the character of this volume leaves no doubt. The sectional titles indicate the breaking of new ground ; “ The Doctor as Sociologist,” “ The Doctor as Priest and Philosopher,”—these are types of capital heading indicating the problems which are dilated upon with sympathy and insight. The emancipation of the physician from the bondage of merely tinkering with results in his daily practice, and his increasing function as prevenient guardian of, rather than belated restorer to health, constitute the *motif* of this book. Such a physician-sociologist is a many-sided totality, and his powers should be as varied as his knowledge. Is the medical man as we know him capable of rising to his sublimated duty ? “ Under his drab coat and solemn demeanour the Doctor remains a man capable of vision and aspiration. The stars in their courses are fighting on behalf of what I have called the medical mind.” What of the necessity for his powers of rectification of a bad heredity ? “ It is the business of the medical sociologist to know and to be prepared to teach society how good births may be assured and bad ones abolished for ever and a day ; but at present he will acquire such knowledge at his peril, for nobody desires to share it.”

The larger hope of the new physician's work is at once obvious. “ He has so often felt in his very bones the absurdity of prescribing medicine to a human being whose first needs are the bare essentials of decent existence. In his individual capacity he has had no power to do more than avail himself of such means of palliation as may be available ; but the time is at hand when he will no longer be confined to individual action ; the time of realized corporate power and corporate responsibility ; the day of the medical

sociologist." What a definite call is there for his triple faculty in educational matters! "The modern statesman has unlimited faith in the powers of the elementary school to make silk purses out of sows' ears. At this time of day it should hardly be necessary to argue the indispensability of the medical sociologist in regard to educational matters; the medical inspection of school children has come, and come to stay." What can his forthcoming enlarged powers do with the educational interests of those children now diseased, but prospectively curable? "Far less generally recognized is the crying need that exists for what may be called therapeutic education, that is the provision of special facilities for the *combined* teaching and cure of diseased or physically defective children."

*The Sanatory Regeneration of the Modern State.*

Imagination's utmost stretch can scarcely visualize the radical and permanent betterment accruing from such an extension of the powers of the physician. The modern State—like Bottom—would be "translated." Take your stand on London Bridge any fine day. Observe curiously the physique of the passers-by. On many of these is stamped the countersign of retarded development. The stunted figure, the narrow chest, the irregular limbs—these are the insignia of a badly-managed adolescence. There also are the anæmic, unhealthy faces, the neurasthenic droop; and these are among the elements of the machinery by which the work of the city of London is done. At least every defect not due to actual disease was an avoidable defect. The machinery is poor, and why? Because we have thought less of the development of a sound physique, and more of its patchwork when it is often beyond remediation.

These new powers on the part of the physician would issue in a great advance towards improving the stamina of the democracy, and it is the average health of the



democracy which is the final and ultimate asset of national existence. It has been contended that the physiological basis of the decay of the older civilizations was the deteriorating vigour of the proletariat—the mass of the people. Ingrained poverty, ill and ever worsening births, child nurture which goes as you please, slum housing—these are leakages which will sink any state, ancient or modern. Mrs. Sidney Webb tells us that “the condition of millions of children whom we allow to fall below the national minimum of child nurture will be regarded with shame and horror by future generations.” Mrs. Webb proposes to rectify this defect by making these children the wards of the Local Education authority. The author of the book under review considers the duty more germane to the training and daily work of the medical profession. At least in point of directness, his solution is the better.

*Therapeutic Progress: From Immunity to Homœopathy.*

From a widened outlook naturally issues a broadening of sympathies, and the enlargement of the sphere of preventive medicine should find its counterpart in the jettisoning of various old-time narrow views as regards curative work. The evolution is normal, the extension of the new illumination is part of the awakening. It is an interesting psychological study to see Dr. Whitby compelled to what obviously he did not set out to do, but which an increasing insight and growing receptivity have forced him—we allude to the lifting the professional ban from Homœopathy as science, and the ethical stigma from homœopaths as knaves and fools. The wholesome discipline of self-examination is applied to the majority cause in medicine. As is frequently the case, illumination first comes from the impact of new views, and in this instance from the new conception of immunity and the work of Sir Almroth Wright. “The theory of immunity is permeating medical minds, and its application will revolutionize

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medical practice as thoroughly as the theory of asepsis has revolutionized the sister art. It is by no means clear to me that the law of immunity and the curative effects of specific or semi-specific poisons has not a much wider application than is yet realized, or even as Hahnemann claimed, a universal application." The idea of specificity in therapeutics—a characteristically Homœopathic one—is developed with vividness and point.

"I look forward to a time when most of the work now done by surgeons will be superseded by a regenerated medical art. When tumours—innocent or malignant—will, instead of being excised, be caused to disappear as it were by magic under the influence of minute doses of incredible potency and elective precision."

Nor is it by any means clearer to others than Dr. Whitby that the law of immunity should not lead directly to the law of similars. The immunity law is a developmental stage in progress; like all new departures, it has a lineal successor; the next legitimate step is from immunisation by toxins to immunisation by drugs; and then, with panoply complete of similar remedy, infinitesimal dosage, and infrequent repetition we have Homœopathy in all but the name. Homœopaths in Congress have discussed vaccine therapy, and in practice have utilized it as germane to the Law of Similars; but they have a wider armamentarium of drugs, whose scientific investigation on the healthy subject, has given them clinical data of specificity as verifiable as the biological data of toxins. And though the author will go no farther than he can see, he sees clearly. "Since it is now quite orthodox to believe in the possibility of immunising by specific toxins, in doses which, though material, are of infinitesimal amount, it seems that we are practically committed to an admission of the at least partial validity of

Hahnemann's law." The next consecutive step from the "at least partial validity" only requires the verification of experience to make it logical. We have applied the test of experience; and we have taken the logical step.

*The Courtesy of Science—the next step.*

Hahnemann's laws conceded as possessing at least some validity, there remains the honourable necessity of treating with the courtesy of science that body of thinkers which has publicly professed this belief. Nor is the author the first professional luminary to courageously affirm this. Sir William Osler wrote long ago: "It is distressing that so many good men live isolated, in a measure, from the great body of the profession. The original grievous mistake" continues Professor Osler, "was ours—to quarrel with our brothers over infinitesimals was a most unwise and stupid thing to do."

In the work under review the same attitude is adopted and its moral affirmed. "Consider the case of Homœopathy—a heresy of over a hundred years standing, for the existence of which and the scandal arising therefrom our own hasty and intolerant attitude was probably not less responsible than the extravagant claims of its originator and his early adherents. We drove these men, whose only sin was a legitimate difference of opinion, from our fellowship, excluded their names from our directory; and then, when they compiled a directory of their own, made that our justification for stigmatizing them as heretics and sectarians." This is honourably confessed, and is equally a product of the new leaven with the enlarged powers assigned to the medicine of the future.

*The Complete Physician "Veritatem dilexi."*

We know no more luminous presentment of the whole duty of the Complete Physician than this volume



contains. Already it has received the endorsement of those who mould professional opinion, in that a commendatory leader has appeared in the *British Medical Journal* upon it. It presents a revised version of *Religio Medici* where knowledge, grown from more to more, compact with reverence as its ethical counterpart, has made one music but vaster than before. There is an undertone of majesty from time to time. where the author speaks his best self *ad aperturam libri*, and nowhere more than when in summing up the whole matter he assimilates the inspiration of the great French critic, "*Veritatem dilexi.*"

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### THE WORK OF THE INTERNATIONAL HOMŒOPATHIC COUNCIL.

THE International Council held its first meeting in August last, and is hardly yet provided with a permanent working Constitution. It is very desirable in attempting to construct machinery to forward Homœopathic interests, that shall have an International and world-wide scope, to "hurry slowly," and we feel sure that nothing will ultimately be lost by deliberation at the beginning. Nevertheless already it has proved possible to do something of value for Homœopathy. Our Russian colleagues are threatened with a law that will seriously hamper their powers of dispensing their medicines, and make them dependent on chemists who are largely unsympathetic to Homœopathy. The proposals before the Duma are being opposed in the interests of Homœopathy, and through the agency of the International Council and the hearty co-operation of European and American colleagues, a store of information as to the general status of Homœopathy and the relation of our doctors to chemists and to the business of dispensing has been

accumulated and sent to our representative in St. Petersburg, Dr. Leon Brasol. Sweden is suffering from a violent attack of professional bitterness against Homœopathy, and a press campaign against our cause and Swedish colleagues has been prosecuted for some time. To effect a counterblast to this, Dr. Petrie Hoyle, Assistant Secretary to the Council, proceeded to Sweden, at the invitation of the leaders of Swedish Homœopathy, and delivered lantern lectures in Stockholm and Göteborg, to demonstrate to eye and to ear the fact that Homœopathy is not a petty and declining cause, but one whose claims have been so far made good that it commands all over the world Hospitals and Institutions, and has won great public support through public conviction of its merits. The lectures were attended by large and influential audiences, and appear to have made a deep impression. Our German colleagues are considering the arrangement of a lecturing tour on similar lines for their own country. Therefore, our readers can realize that even now the Council is neither idle nor ineffective. The great need will be financial. The work the body can do will depend mainly on the support it receives, but enough has already been done to show both that there is work to do, and ability to perform it.

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**RHODIUM.** Anal itching, constipation and piles. Use the sixth potency.

**ALLIUM CEPA** is the best remedy for influenza when the eyes are affected with the coryza and when it has a tendency to extend to the larynx. For headaches over the eyes, so common in severe colds, *Lycopodium* and *Sulphur* are indicated.—*Pacific Coast Journal of Homœopathy*.

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NEWS AND NOTES.

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## BITES OF INSECTS.

Neal (*China Med. Jour.*) states that he has found the following procedure very useful: Take one ounce of Epsom salts and dissolve it in one pint of water, wet a bath cloth so that it will not drip and rub the body well all over, and not wipe afterward but dress, and flies, gnats, fleas, bedbugs, mosquitos, etc., will never touch you. If one is exposed more than usual, being near water, or in a forest, then make a somewhat stronger solution, wet a cloth and rub the face, neck, ears and hands well—do not wipe, but allow it to dry; it will leave a fine powder over the surface that the most bloodthirsty insect will not attack. Besides, the solution is healing and cleansing; it will heal the bites, subdue the consequent inflammation, and cure many diseases of the skin.

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## AN ILLUSTRATIVE HOMŒOPATHIC CASE.

THIS case is one of several taken from a paper by Dr. Richard Blackmore. It is a case presenting the symptoms and their "totality" remedy:

CASE I. Wm. T., aged 23. Occupation, clerk.

Consulted me, complaining of an impairment of speech which had lasted for seventeen years. No cause could be learned, although his mother and others had been interviewed. The case as taken presented the following:

*February 16th.*—Mentally he is weak, indifferent for the most part, with times of irritation and petulance. Aphonia < between 4 and 5 p.m., at which time the voice is the merest whisper.

< in wet weather.

< in winter.

> by expectoration of a lump of black mucus. Three-and-a-half years ago he had typhoid fever under allopathic treatment, since which time he is "nervous," with trembling of both arms. This quite independent of whether or not he works.



Voice lost in the evening. *Brom.*, *Carbo. v.*, *Phos.*  
< in winter. *Carbo. v.*, *Phos.*  
< in wet weather. *Carbo v.*, *Phos.*  
< 4 and 5 p.m. (< p.m.) *Carbo. v.*  
Indifferent apathetic mentally. *Carbo. v.*, *Phos.*  
> by expectoration of black mucus disregarded as  
this is Pittsburgh.  
*February 18th.*—Gave *Carbo veg.* 1m. single dose.  
*February 25th.*—Improving; has some voice in  
the afternoon. S. L.  
*March 27th.*—Improvement continued until a week  
ago. Repeated *Carbo. veg.* this time 40m.  
*April 25th.*—Practically well. "Thinks it is wonder-  
ful, since time and money had been spent on all kinds  
of treatment hitherto in vain."

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BRITISH HOMŒOPATHIC ASSOCIATION READING CLUB,  
SOUTHPORT.

The first sociable meeting of members of the above Club and other friends took place on Tuesday, December 10th, at 33, Park Crescent, Southport, when Dr. Francis J. Wheeler read a paper on "Hahnemann and Homœopathy" to a very interested and appreciative audience. The lecture was followed by questions and discussion. Several guests notified their desire to join the Club, and a general wish was expressed that similar meetings should be held at intervals during the winter, and should form a feature of the B.H.A. Reading Club. The keen interest displayed in the lecture appears to warrant the adoption of this step. The Club has existed for three years—hitherto purely as a reading club—and the members are much indebted to the B.H.A. and to the Editor of the *Homœopathician* for literature, which has been so kindly supplied.

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HOMŒOPATHY IN THE BALKANS.

AMONG the Red Cross activities in the Balkans there is one unit attached to the Bulgarian army which has a special interest for homœopathists. It consists of three lady doctors and a staff of nurses managing a

hospital near Kirk Kilissé. Of the three doctors, two are interested in Homœopathy, and one of the nurses was trained at our London Hospital. The two doctors are Dr. Ramsbotham, who has been resident at the L.H.H., and has obtained leave of absence to take up this work, and Dr. Tudor, a former Honyman-Gillespie scholar and a physician at the Quinton Polyclinic. We learn that they are very busy, and we can hope that Homœopathy will be able to show its efficacy against enteric, dysentery and cholera. We are sure the sympathies and good wishes of all our readers will be with the enterprise.

#### HOMŒOPATHY IN SOUTH AFRICA.

THE third annual report of the S.A. Homœopathic and Biochemical Association has just reached us. The Dispensary at Cape Town numbers its patients by the thousand, and a branch is being started in another locality. The results obtained appear to be excellent, and the financial position satisfactory. Many of us were able to make or renew acquaintance with Dr. Fallon last year, when he visited England, and we all wish him the best of fortune in his uphill, but prospering undertaking.

**LITHIUM CARBONICUM.**—This drug acts prominently upon the mucous surfaces and muscular tissues and has a special affinity for the joints. Its principal use is in rheumatism and gout. There is undue dryness of the mucous membranes and itching of *the skin particularly about the joints*, and a roughness and dryness about the skin of the face. There is headache in the vertex and a pain in the left temple, which is relieved while eating and worse after eating. There is a characteristic eye symptom, namely, *the right half of objects vanish*. There is a dryness of the lids and the balls similar to that *Alumina*. There is a dryness of the membrane of the nose and the *inspired air feels cold*. *There is a red deposit in the urine*. Rheumatic affections about the heart, soreness, valvular deposits and an irritation of the cardiac muscle, with shocks and jerks about the heart. Rheumatic tenderness and swelling of the joints of the fingers. The muscles seem awkward, and the patient is clumsy. The whole body feels stiff and sore; a puffiness about the body. Nodular swellings in the joints similar to those which we find under *Benzoic acid*. Use the sixth trituration.—*Pacific Coast Journal Hom.*

## ORIGINAL COMMUNICATIONS.

### LOBELIA PURPURESCENS IN HEART COMPLAINT, AND DISTURBED CIRCULATION.

FROM several cases in recent years, I would like to record the following in illustration of its almost instantaneous action.

CASE 1.—A man, aet. 60, retired to rest at 8 p.m., experiencing a creeping chill in small of back; an hour later, dry burning heat, heart beats sound to him like the boom of a *drum*. Cannot lie on back or left side, worse even with low pillow, has to lie on right side,—without a pillow, and with *right arm stretched out behind him* to give further relief. Has taken one dose each of *Aco.*, *Bell.*, *Cact.*, without relief. Patient feels heart-beats extend as far as behind right breast, and they seem to him to fill the whole chest.

Pulse strong and bounding, ranging from 80 to 90. Complains of slime-like mucus, flowing from back of nose, which he is compelled to swallow every few seconds.

I gave a *quarter* of a drop of a 50 per cent. mixture of *Lobelia Purp.* (the only one at hand). In one minute patient felt slightly easier. I immediately gave a full drop on the tongue. In three minutes the pulse was normal; a slight perspiration broke out, and the mucus flow ceased. In fifteen minutes a natural sleep ensued, unbroken until morning.

CASE 2.—A woman, aet. 55, whilst violently overheated from over-work, had a cold bath. Four hours after took to bed (6 p.m.), *drowsy*, *eyes closed*, muttering; delirium; face covered with a purplish net-work, enclosing dead-white spots as large as a sixpence; pulse 70 to 80; hard; drumming sound on auscultation.

Single doses of various remedies were given every ten minutes without the slightest relief, then guided by the peculiar drum-like sound, I gave a single dose of three drops of *Lobelia Purp.*  $\phi$  in water.

Relief was instantaneous; and after *one* or *two* more doses, a slight perspiration suffused the face,

Proving



which assumed a healthy pink hue ; delirium, heart throb and bounding pulse ceased, succeeded by a refreshing sleep, lasting till morning, when the woman was able to resume her household duties as if nothing had occurred.

Two months after I noticed that an exophthalmic goitre, which *Cactus* had previously relieved, had entirely disappeared from the throat ; no other drug having been used in any form.

The virus of many Australian snakes produces overwhelming drowsiness ; impossible to keep the eyes open ; irresistible desire to lie down (*Baptisia without* drowsiness) ; incessant vomit and retching ; coma ; heart-beats commence with rapid drum-like sound, terminating in a mere flutter, and at each stage the symptoms are antidoted by *Lobelia P.*

I have taken half a teaspoonful of the tincture without water, at a single dose, without other effect than a sort of contracted feeling around the breast-bone, which barely lasted five minutes ; yet Mr. Kopp, of N.S.W., deems it the most poisonous plant in Australia.

## A PROVING OF RADIUM BROMIDE.\*

(Continued from page 549.)

By DR. W. DIEFFENBACH.

### NECK.

Inflated feeling in back of neck, on left side, as if swelling. (Ernesty.)

Itching back of the neck and upper part of both arms. Miss W. 12x.

The parts are somewhat red.

Dull throbbing sensation on right side of neck posteriorly. S., 6x.

\* The proving was made from the purest obtainable *Radium Bromide* of an activity estimated at 1,800,000 to 2,000,000, the original trituration being made personally by Mr. E. W. Runyon, of the Boericke & Runyon Homœopathic Pharmacy, of New York, in the presence of Professor Pegram, of Columbia University, who weighed out a definite quantity of Radium.

Sharp pains in back of neck on right side. S., 6x.  
3 p.m. felt a catch in the right sterno-cleido mastoid.  
E., 12x.

During evening pain on left side of neck; stiffness  
of muscles of that side; wore off. F., 12x.

Slight aching in back of neck. F., 12x.

Pain and lameness of cervical vertebræ; < by  
dropping head forward, > by standing or sitting  
erect. F., 12x.

Left sterno-cleido mastoid muscle feels lame.  
F. 12x.

Red spot on left side of neck on arising; this dis-  
appeared and later a similar one appeared on right side  
of neck. Mrs. F., 12x.

#### BACK.

Dull backache lower lumbar region, > after exercise,  
—it wore off. E.W.

Awoke with full aching pain in lumbar sacral region,  
which is all that is left of severe aching all over the  
body experienced during the night. Rest of body feels  
tired but aching has ceased. Mrs. D., 6x.

Severe lumbar and sacral backache all day; the  
aching > after a hot bath. Mrs. D., 6x.

Severe backache confined to lumbo-sacral region  
continues with dull occipital and vertex headache.  
Mrs. D., 6x.

Severe aching pain in back—lumbo-sacral region;  
pain appears to be in *bone*, not in muscles, not improved  
by heat, nor by rubbing; somewhat better after cold  
rubbing. Worse stepping upstairs. W.H.D., 6x.

Sharp, shooting pains in lumbar muscles, which pass  
away after continued exercise. W.H.D., 6x.

Dull pain in lumbo-sacral region, > exercising.  
W. H.D., 6x.

Dull back-ache lumbo-sacral region, > continued  
exercise. W.H.D. 6x.

Pain like electric shocks in lumbo-sacral region;  
disappear after continued exercise. W.H.D., 6x.

In afternoon had severe pains in left side and small  
of back, which seemed relieved from pressure, by putting

my hand to left hip and leaning to that side I had some relief. The pain came on suddenly, but severely, and lasted for fifteen or twenty minutes; heat did not feel good. Miss W., 6x.

Late in afternoon had backache in lower part of back; it felt good to press and lean to the left. Pain was deep and aching. Heat did not feel good.

Pain in sacral region; > by continued motion; a little motion does not relieve. M., 12x.

Pain in lumbo-sacral region, > by much motion and from cold. M., 12x. Very severe pains in lower back which extended upwards, but disappeared after going into the open air and exercising. M., 12x. Dull pain in back which starts at sacrum, and runs up the back to shoulder, > from exercising. M., 12x.

Pain in back at sacral region, which extended up the back to between the shoulders, > from exercise. M., 12x.

Soreness of left latissimus dorsi near shoulder. S., 12x.

Soreness of both latissimus dorsi; felt weak all over. S., 12x.

Soreness of both shoulders. S., 12x.

4 p.m.—a sharp knife-like pain for half a minute; between third and fourth lumbar vertebræ, about one quarter inch from centre of spinal column to the left; the point was sensitive or sore to touch, the sensitiveness remained after pain ceased. F., 30x.

Weakness and slight lameness of whole lumbar region. F., 30x.

Lameness in lumbar region, 1.30 p.m. sharp pain at same location as yesterday (above), lasted but a moment. F. 30x.

8 p.m.—noticed catch in spine between last cervical and first dorsal vertebræ. F., 12x.

On awakening, pain between sixth and seventh cervical vertebræ, > on motion. F., 12x.

Lameness in left lumbar region; also lameness in left hip and left elbow; passes away after exercise. F., 12x.

1 p.m., lameness in muscles over left sacro-iliac synchondrosis.

6 p.m., lameness increased ; muscles ache and throb ; pain passes away at bedtime. F., 12x.

In afternoon severe tearing and bearing-down pain across lower part of back ; sometimes more severe than others and coming through to the abdomen. Mrs. F., 30x.

Distinct triangular swelling over sacrum base upward, about  $3\frac{1}{2}$  inches high ; the swelling was whiter than the surrounding skin ; there was heat in this swelling not relieved or aggravated by rubbing, but during afternoon was relieved by lying down with something hard pressing upon this region. Mrs. F., 30x.

Back conditions continue during morning, noon and evening ; sometimes more severe than others and reaching through on each side of the abdomen to the crest of the ilia.

Produces a drawing sensation, and feel like a plaster. Mrs. F., 30x. ✓

Swelling over sacrum was slightly tender and pain in lower back continues, but not so severe, excepting at long intervals. Mrs. F., 30x.

Pain in back was quite severe during evening ; about 11 p.m., was nearly prostrated by a catch in the right lumbar region. Mrs. F., 30x.

Great flatulence in morning, and pain in back continues, but not quite so severe. Mrs. F., 30x.

After two days back conditions gradually disappear. Mrs. F., 30x.

After remaining away one week backache returns (after taking 12x) while standing ; gnawing sensation in bone as if it might be knitting. Mrs. F., 12x. ✓

Backache between shoulders and lumbo-sacral region, > after walking. Miss H., 12x.

#### EXTREMITIES.

During the night very severe pains in all limbs ; whole body involved. Mrs. D., 6x.

Awoke at 4 a.m., with such pains in all limbs that I could not stay in bed. Muscles not sore to touch, but had a desire to rub limbs. Could not keep them quiet. Walked about a little, then back to bed, but could not get rested. After a warm bath felt better. Miss W., 6x.



During the afternoon had pains in all my joints, but especially in the knees and ankles. Miss W., 6x.

Late this afternoon had pains in all limbs again, but they did not last long. Miss W., 6x.

Had pains in all joints, particularly knees and ankle. Could not walk, and had to lie down; my feet gave out. Miss H., 12x.

*Upper extremities—*

Sharp, pains in second and third fingers of left hand, which disappear soon. Mrs. D., 6x.

Dull pains in whole of right hand; all fingers affected, particularly the distal phalanges; > from rubbing; > from continued exercising. Mrs. D., 6x.

Sharp pains in joints of fingers, better after prolonged exercise. Mrs. D., 6x.

Sharp pain in right shoulder joint, not better on moving, but gradually wore off. W.H.D., 6x.

Pain in right shoulder joint, < motion, > heat. W.H.D., 6x.

Lame sensation in right arm, forearm and hand, > exercise, > warmth, the pain and lameness wore away gradually. Sharp stitch-like pain in left shoulder joint, which wore off. W.H.D., 6x.

Small pustule on centre of dorsum of right hand. W.H.D., 6x.

Itching in upper part of both arms and back of neck; the parts are somewhat red. Miss W., 12x.

Arms feel heavy; soreness of both shoulders; soreness of latissimus dorsi; feel weak all over. S., 12x.

Biceps feel bruised. S., 12x.

Left wrist had bruised sensation. S., 12x.

Catch in left shoulder joint; > on exercising; pain wore off. F., 30x.

Lameness in left shoulder joint under deltoid. F., 12x.

Twice during day lameness of left shoulder under deltoid. F., 12x.

Lameness of left shoulder, passes off on motion. F., 12x.

Pain and lameness of wrist while holding a book. F., 12x.

Lame left shoulder and stiffness of spine at last cervical and first dorsal vertebræ, during late afternoon and evening. F., 12x. Lameness of left arm, biceps and deltoid feel sore ; wore off after exercising. F., 12x.

11.15 a.m., catch in right wrist, lasted for a moment. F., 12x.

Left shoulder sore and lame all day ; < after exercise. F., 12x.

Right elbow stiff and slightly lame after writing. F., 12x.

Right shoulder-joint lame after dressing. F. 12x.

Cracking of right shoulder joint when raising right arm over head. F., 12x.

Lameness of left thumb joint following holding of book, > after active motion. F., 12x.

In morning, twinging pain in left elbow. Mrs. F., 30x.

Severe crick under right shoulder ; pain, lancinating in character.

Drawing, cramping pain in left elbow, 7 p.m. Mrs. F., 12x.

Sore biceps in left arm. Mrs. F., 12x.

Sharp, sticking pain under left shoulder blade through to front of body ; it caught my breath as if I could not raise the diaphragm. Mrs. F., 12x.

Very lame right arm, and sore muscles over right breast. Mrs. A., 12x.

Severe drawing pain in flexor muscles of left arm. Mrs. F., 12x.

#### *Lower extremities—*

Sharp pains in left great toe ; < motion ; better from exercise ; passed over quickly. Mrs. D., 6x.

Numbness of both great toes, improved during sleep. Mrs. D., 6x.

Numbness in both great toes, > after exercise. Mrs. D., 6x.

Pain in great toes of both feet, < moving about, > after continued exercise. W.H.D., 6x.

Dull pain in right knee joint, < motion, better after continued exercise. W.H.D., 6x.

Sharp, arrow-like pain ; lightning-like pain in left anterior tibial surface as if in the periosteum. W.H.D., 6x.

Sharp pain in calf of left leg—pains sharp and darting in character ; come on suddenly and disappear quickly. W.H.D., 6x.

During evening and night had sharp pains under big toe of right foot ; the toe aches when moved. Miss W., 12x.

Every little while have a pain in and around big toe of right foot. Miss W., 12x.

Had shooting pains in my joints, particularly in my knees, ankles and toes. Miss W., 12x.

Excepting for a few shooting pains in body and an itching of the skin all over, have felt fine to-day. Miss W., 6x.

During the afternoon had pains in all my joints, but more in the knees and ankles. To-night my toes ache badly. Had the desire to keep moving, but it did not relieve the pain ; felt easier after a hot bath. Miss W., 6x.

All the afternoon had severe pains in limbs again ; to-night toes feel very sore ; desire to move them, which does not feel good ; very hot water makes them feel better. Miss W., 6x.

Have had pains in limbs off and on all day, and during afternoon more especially in toes. Miss W., 6x.

These pains continued to manifest themselves for three weeks after the last administration of the drug. Miss W., 6x.

When crossing legs they became "asleep" in a little while. A few days later noticed difficulty in going upstairs, the lower extremities felt very heavy. McD., 30x.

For the last three days corns and feet have been over-sensitive. McD., 12x.

Dull pain in calf of left leg. McD., 12x.

Pain under left patella relieved when foot was still, < walking and moving ; also dull aching pain in left big toe joint after dancing. Never had it before. McD., 12x.

Dull pain in right big toe; tarso-phalangeal joint. Had desire to contract foot to relieve it, but had no relief. McD., 12x.

Dull pain in hip-joint located at head of femur; nothing would relieve it and it irritated terribly; also pain under left patella. McD., 12x.

Dullness and weariness of legs, which go to sleep easily upon being crossed. McD., 12x.

Kink in right hip joint, > after walking for a time. McD., 12x.

Pain in right hip, > after exercising. McD., 12x.

Pain in popliteal spaces, just like a tired feeling, relieved after exercise. M., 30x.

Pain in knee joints and popliteal spaces, better after exercise. M., 30x.

Pains around the borders of the nails of the feet; better with rest; worse on pressure and motion. M., 30x.

When walking, dull pains in popliteal spaces. M., 30x.

Better resting and legs extended.

Dull, tired pains in popliteal spaces at knee-joint; better after exercise, and in open air. M., 12x.

Pains in popliteal spaces, > by exercise. M., 12x.

Very severe pains in knee-joints, very deep as if in the joints and muscles, > from cold, > from exercise. M., 12x.

10 a.m., pain in knees, > after exercise, < remaining quiet. M., 12x.

Pain in legs beginning in knees and running down the legs, > after exercise. M., 12x.

Pains shifting to hip joint and knee joint, dull aching in character, > by exercise and cold. M., 12x.

Dull pains in back and both legs running upward to shoulders. M., 12x.

Pains in legs and back on rising, > after exercising and in open air. M., 12x.

All forenoon very weak, too tired to walk. S., 12x.

Pain in left great toe for a minute or so; great burning as if acid had been poured on it and then spread. S., 12x.

Soreness in thighs and calves. S., 12x.



11 p.m., sensation <sup>as if</sup> of needles pricking on the two middle toes of right foot, with a little burning. S., 21x.

Bruised feeling in calves of legs. S., 12x.

Slight catch over left crest of ilium and tired feeling in lumbar region. F., 30x.

Pain in big toes of both sides ; pains are sharp and stabbing ; better after walking ; they pass off ; pains also better after hot bath. Miss H., 12x.

Left groin aches and both thighs seemed lame on beginning to move ; passed off after walking. F., 30x.

Lameness of both groins after sitting and first beginning to move. F., 12x.

Lameness and catch in right ankle while descending stairs ; passed away after continued exercise. F., 12x.

Lameness in left ankle and catch in small of back, with a beating pain lasting but a short time. F., 12x.

Lameness in both groins after continued sitting, > by active motion. F., 12x.

Beating pain in right hip, while sitting on desk writing, remaining only while sitting, > on beginning to move. F., 12x.

Upon arising, ankles and feet seem lame and stiff ; could hardly stand or walk ; after five minutes this passed away. F., 12x.

Twinges in left thigh muscles in morning. F., 12x.

Left thigh feels lame. F., 12x.

Both thighs feel lame. F., 12x.

Beating pain in left great toe joint lasting one minute. F., 12x.

Arose feeling very stiff and lame. Muscles of legs and hips sore. Relieved much by vigorous rubbing with flesh brush. Mrs. F., 30x.

Sore tendo Achillis of left foot. Felt it while climbing the stairs. Mrs. F., 12x.

Muscles in antero-exterior part of right leg lame ; < from walking and rubbing. Mrs. F., 12x.

Sharp, sticking pain in arch of right foot. Mrs. F., 12x.

Sharp, sticking pain in right knee. Mrs. F., 12x.

Severe drawing pain outside of right knee. Mrs. F., 12x.

Soreness and pain in both knees, which feel as if the bones would protrude. Miss H., 12x.

SKIN.

Succession of small pimples on forehead and chest; they were raised and red; when squeezed exuded serum, blood and a small amount of pus. E.W.

Small pustule on centre of dorsum of right hand. W.H.D., 6x.

Red large papule on chest. W.H.D., 6x.

Scaly eruption about size of ten-cent piece on anterior surface of right thigh; < scratching; > heat. W.H.D., 6x.

Scaly circumscribed eruption on flexor surfaces of both forearms which bleed on being scratched; slight itching; < scratching, > dry heat, > in open air, < bathing in either cold or hot water. W.H.D., 6x.

Red papular eruption on right eyelid with slight itching; > dry heat. W.H.D., 6x.

Scaly eruptions below left eye, size of pea. The scale when removed caused a few areas of bleeding; no distinct sensation in eruption. W.H.D., 6x.

Swelling of the tissues about the left orbit with slight itching; > in open air. W.H.D., 6x.

Both hands of prover had been covered with evidences of chronic radio-dermatitis (X-ray and Radium), which had resisted treatment for several years. There were occasional improvements after the use of supposedly indicated remedies, or the use of physical agents, but the lesions would constantly recur. The lesions consisted of eczematous eruptions, cracks and fissures, scaly excrescences, verruca-like outcroppings with almost constant itching and burning. After the proving of *Radium* these skin lesions gradually disappeared and have at this writing (60 days) not reappeared. W.H.D., 6x.

Itching all over the body at night. Miss W., 12x.

Itching over back of neck and upper part of both arms; the parts are somewhat red. Miss W., 12x.

Itching of skin especially chest and arms, on second day of menstrual flow. Miss W., 6x.

Red rash between shoulder blades which itches. Miss W., 6x.

Severe itching on left breast during day; a night at large area on the centre of left breast which is raised at that point and sore to pressure. Miss W., 6x.

Redness on left breast has disappeared, though it still itches; there is merely a small pimple left, the top of which is drying. Miss W., 6x.

Corns and feet have been over-sensitive. McD., 12x.

Small, isolated tender pustules, especially on back and sides of neck; one on arm. McD., 12x.

Red papule on surface of right chest, about half-inch in diameter, slightly raised. Lesion gradually lost its red colour, there was no pain, except when the lesion was squeezed, when it exuded sebaceous material (sebaceous cyst.) M., 12x.

Red papule on right side of mouth. S., 12x.

Red papules (three to four) quarter inch in diameter, on anterior surface of chest, near sternum both sides. S., 12x.

Two red macules, size of twenty-five cent piece (three-quarter inch), on right and left lower abdomen, slightly itching. F., 12x.

Macules also on chest and two on back below scapulæ; all were slightly itching. F., 12x.

Several red spots on legs, thighs and chest, which itch and are < by scratching; these spots disappear during the night. F., 12x.

Itching all over body; burning of skin, as if afire. After hot bath felt as if afire; this was followed by a papular eruption on both buttocks; several papules the size of a pea. These papules burn and itch and pass away after an hour or so. Miss H., 12x.

Red spot on left side of neck noted upon rising; this disappeared, and later a similar one appeared on the right side of neck. Mrs. F., 12x.

The action of *Radium bromide* applied locally in mild doses causes dermatitis, with redness of skin burning and itching,—these symptoms gradually appear in from two to four days, and gradually disappear in from two to four weeks, leaving a slightly pigmented area.

If the dose is a heavy or prolonged one (two to four hours of a plaque of 200,000, or of a tube of pure

*Radium bromide*), the dermatitis is followed by blebs, exudation, swelling, and formation of scales, and crusts when the former subside. These crusts may form and reform a number of times, and eventually contraction of tissue is noted with bleaching of parts and formation of a white thin scar. If the dose has been excessive, or a heavy dose has been repeated too soon (within one week), necrosis of tissue will supervene on the primary dermatitis, simulating in many ways a rodent ulcer or epithelioma. This lesion will resist regeneration for many months and when scar tissue formation has been secured a milk-white scar tissue will result. In many cases of overdosing teleangectases similar to *nævi* and birthmarks will be caused.

#### SLEEP—DREAMS.

Restless during night. Kept moving about in bed, which relieved the aching pain. Mrs. D., 6x.

Dreams of passing urine. 6x.

Shock passed through body during sleep, like an electric shock. W.H.D., 6x.

Sleepiness with lethargy, 4-5 p.m. This recurred for one week during the proving, > after an hour's rest. W.H.D., 6x.

Irresistible sleepiness 4-5 p.m., > from sleep. W.H.D., 6x.

Slept soundly, but had dreams about fires ; it is unusual for me to dream. Miss W., 12x.

Slept well, but dreamt very vividly about being in a fire ; I woke towards morning very excited, dream seemed so real ; took some time to pull myself together, and glad it was only a dream. Miss W., 12x.

Dreams of committing suicide in some ridiculous way ; awoke early, feeling much excited, and glad to know it was morning. Miss W., 12x.

Had a very restless night on account of dreams, which awakened and frightened me during night. When I finally awoke I was so dazed and confused, it took me some time to find my bearings ; all day subsequently I felt as if something was going to happen. Miss W., 6x.

Slept well all night, but dreamed badly again ; awoke with a fear of being alone, and wished for someone. The



dreams were vivid, and it took me a long time to realize that I was dreaming, things seemed so true.

Do not want to be alone. Miss W., 6x.

Restless all night with bad dreams ; low-spirited the following day ; wish for things and have great desire to be with people. Miss W., 6x.

Slept very restless all night, and felt heavy this morning. Dreamed all night, but do not remember what it was ; in good spirits as the day progressed. Miss W., 6x.

Awoke in the morning feeling drowsy and weak ; feel better after going out into the open air. M., 30x.

Feel sleepy during the day, but am well otherwise. M., 12x.

Feels tired and drowsy. M., 12x.

Felt very tired on retiring. F., 30x.

Restless and wakeful part of night. F., 30x.

Sleep well, but get up tired. Desire to stretch. F., 30x.

After taking drug again, had a night of many dreams (an unusual occurrence). F., 12x.

Another night of dreams ; nothing alarming, but busy dreams. F., 12x.

Many dreams during night, awoke in midst of one panting as though running, with the heart pounding like a hammer ; was kept awake about one hour, with tendency to dyspnœa, and a rapid and full heart action ; sound in ears of rushing water. F., 12x.

Very sleepy during evening. F., 12x.

Busy, active dreams at night. F., 12x.

Restless night with disturbing dreams, awoke feeling quite good, however, and the following two days felt very well ; no symptoms. F., 12x.

#### FEVER AND CHILLS.

Cold sensation internally all day ; chilliness with chattering of teeth until noon ; late in afternoon these symptoms ceased (during menses). 6x.

Felt hot all over body, so that had to take off the bed covers. Mrs. D., 6x.

Internal chilliness followed by sensation of heat, as of fire, of the skin (no perspiration) ; usually perspire

freely, now I do not perspire ; instead, my urine, which is usually scanty, is now profuse. Miss H., 12x.

Internal chilliness with loose bowels. Miss H., 12x.

Internal chilliness associated with many movements of the bowels and flatulence. Miss H., 12x.

After injections of *Radium gelatine* the writer noted in numerous cases the following sequence. (Injections of gelatine alone did not produce these phenomena.)

From fifteen minutes to one hour after the injection severe chill, with chattering of teeth in some cases, followed by rapid action of the heart, and gradual rise of temperature after fifteen to thirty minutes of the chill. The temperature in cases where large doses (one ounce) were injected rose as high as 105° F., with smaller doses 102-103° F. was the usual reaction. This fever would keep on in some cases for three days ; in others from one to three weeks ; in one case for six weeks. The higher the fever and the more prolonged the pyrexia the better was the resulting action on malignant tissue. All successful cases had prolonged fever and subsequent shrinkage of malignant tissue with supervening fibrosis. Subsequent re-injections produced the same result ; indicating that febrile processes appear to have inhibitive action on malignant cells and explaining why different injection methods (Coley, Alexander) have earnest advocates who base their claims upon success obtained following injections.

The writer has not studied the action of the administration of potencies of *Radium bromide* sufficiently long to make comparisons with other drugs. As the symptoms are gone over *Rhus. tox.* and *Rhus. ven.*, *Arsenicum album*, *Pulsatilla*, *Sepia*, and other polycrests are called to mind and a study of the differentiation of these and other drugs with *Radium bromide* is invited.

Dr. J. H. Clarke, suggests *Rhus. venenata* 3x, as an antidote of *Radium bromide*, and the writer has employed this drug and, *Rhus. tox.* particularly, in relieving the persistent cough produced by *Radium Bromide*.

In conclusion, the writer desires to thank the provers individually and collectively for their faithful work,

and also desires to give acknowledgment of the co-operation in their specialities of Drs. Crump and Copeland. Particular thanks are due to Drs. Sayre and Stearns for the many hours they devoted to their special branches of Pathology and *Materia Medica*. Thanks are also due to Hahnemann Hospital for the use of its pathological laboratory through Dr. Sayre.

### SHYAMA OR BLACK TURPETH.

(*Operculina Turpethum*).

#### ITS MEDICINAL ACTION IN PLAGUE AND OTHER DISEASES.

By BEJOY KRISHNA SEN GUPTA, B.A.

THE plant is perennial and belongs to the order *Convolvulaceæ*. It grows wild nearly all over India. It is known in *Hindi* as *Kala Tarpat*, or *Nishote*, and in Bengali as *Kâli Teori*. The root bark is highly drastic in its action, and in doses above two drachms it is a poison.

*Shyama* (in substantial doses) acts prominently on the abdominal organs, acting probably through the splanchnic nerves: when these nerves are paralyzed the blood vessels become overcharged with blood and pour forth their contents. The enormous effusion of serum into the bowels causes a watery diarrhœa, the stools flowing out very profusely. There is great prostration, tingling of limbs and a terrible sinking sensation starting probably from these nerves.

It excites the brain as well. There is delirium associated with restlessness, loquacity and tendency to escape from bed. The patient is violent at times with paroxysms of rage, tearing clothing and biting at any one who approaches him.

It also acts on the lymphatic glands causing enlargement, induration, and a slow suppuration attended with burning pains.

Homœopathically employed, *Shyama* is of inestimable value in several grave forms of disease. Its action can best be understood from the following curative

powers of the root-bark when administered in dynamic doses :—

(1) It is a first-class remedy in *fever*. It cures many varieties of intermittent fever, especially morning fever, for which it is almost a specific, even when excessive use of quinine has spoiled the case, and in chronic forms which have undermined the general health of the patient and produced diseases of liver, spleen, etc. It is equally useful in quotidian, double quotidian, tertian and quartan forms of fever, malarial or otherwise. In 1909 it was tried at Dumraon on a good many cases of tertian fever, the paroxysms recurring in the morning, and it cured almost all. In some cases a single dose administered during the apyrexia effected a cure, and in the majority of cases not more than three doses were required. In some cases the patients suffered from night-blindness, as a sequel to morning tertians in July and August after they recovered under *Shyama*.

It has cured tertian fever coming at 11 a.m. (in the month of April) in a woman in her ninth month of pregnancy. Her symptoms were the following: the three stages of chill, heat, and sweat were all prominent. Fever came at 11 a.m., with excessive shivering. Then followed heat (superficial) with chill, followed by heat without chill (temperature 105°). Pain in limbs and loins—excessive during the chill. Towards remission, violent headache. Pain in carious teeth, more felt when the fever begins. Thirst during the hot stage, followed by urine towards the end of the hot stage. Cough, dry and after the chill has well established. Pustules on upper lips. Pulse in morning, slow, soft, and indistinct; towards remission hard and strong. Urine, on remission day is scanty and high-coloured. Fever used to last from 11 a.m. to 5 p.m., nearly. (Hindu Physicians would call it *Bâtá-Káfólwáná-Trityáká*).

In double quotidians the medicine has cured when the following symptoms are present: chill is practically absent. The temperature drops down to normal, morning and evening, but rises at mid-day and mid-night. Towards early morning slight sweat. Pulse in the morning is hard, not full, but frequent. (Hindu physicians would call it *pittā jwár*).

*Shyama* is not the less efficacious for some varieties of continuous fever in which it is an all-sufficient remedy. In such fevers it is guided by the following symptoms: the patient does not like to lie down on bed, especially at night, and wants to come out to breathe fresh air. Fever is aggravated midday and midnight, and is less in morning and evening, stool is turmeric-yellow in colour, with or without mucus. If there is cough it is dry, and appears only in the morning, or in the morning and evening, but none by mid-day or midnight.

In typhoid types of fever it is indicated when there is tendency to suppuration. In young children there are sometimes swollen glands, especially those behind the neck, and such patients generally suffer from boils and slowly suppurating abscesses. In the morning of the ninth day there is a fall of temperature, even to sub-normal, after which it rises again the very same day to an unusually high temperature ( $106^{\circ}$  or more), and then to subside by lysis. (In Sanskrit it is known as *Pittōlwānā-Mādhyā-Kāfā-Heenā Bâtā Jwār*).

In typhoid fever it is the more indicated when there is intestinal hæmorrhage. Stools are frequent, watery, bloody and containing shreds of mucus;—or they are liquid, slimy and intimately mixed with blood; or they are moderately hard and followed at the end by fresh blood. There is tenesmus before stool, but after an evacuation he feels better. (Sans.—*Pittōlwānā-Heenā Bâtā Kāfā Jwār*.)

Even in pneumonia it is indicated when the right lobe only is affected, or when the right lobe is more affected than the left. (Sans.—*Bâtōlwānā-Mādhyā Pittā-Heenā Kāf Jwār*.)

*Shyama* is of inestimable value in puerperal fever, with or without diarrhœa. The aggravation of fever is in the afternoon, reaching to  $105^{\circ}$  or thereabout. The morning temperature may be normal. (Sanskrit—*Sootikā Jwār*.)

(2) *Shyama* also exercises a powerful influence on the nervous system; slight impressions produce distress and anguish of mind, and pains often result in fainting. It is often called for in treatment of convulsions:



Epilepsy, puerperal eclampsia, convulsions of infants during dentition, convulsions in eruptive fevers, all may yield to it.

It is also indicated in acute mania with fever, generally known as "Bell's Mania." In patients who rally within a month the disease generally terminates with an abscess on the buttock, thighs or somewhere else.

It has cured a case of chronic dementia of three years' standing in Raghu Nandan Rah, Tewari tolah, Dumraon. The dementia followed occasional epileptic fits which the patient had suffered from for nearly a year prior to madness.

(3) *Shyama* is also useful for cardiac debility following acute diseases when the heart muscles are so weak that the pulse is thread-like. The patient faints on moving. In chronic cases there is an empty feeling within the heart, and occasional pain also is felt therein. The patient can bear no noise or high sound and feels as if he would faint, even after a moderate exercise, e.g., walking on foot. (Hindu physicians would call it *Ráshâ-kshoy*.)

(4) It has cured dropsy of right hand between the wrist and the fingers with the following symptoms: the colour of the swelling is natural, and it yields to pressure; pulse in the affected wrist is full, soft and yielding to pressure—that in the left wrist is not full and moderately strong; in both wrists the pulse is regular. (Hindu physicians would call it *Kâfâjâ Shôth*.)

(5) *Shyama* heads the list of plague remedies that have been tried with success up to date. Under it the percentage of cures is near to seventy per cent. in an epidemic, wherein thirty per cent. is the average. It prolongs life in patients when it fails to cure. Plague patients generally die within the fourth to the seventh day of attack, but in patients kept under *Shyama* alone, the majority of deaths is after the tenth and within the fortieth day of attack. A patient (Janki Ram, student of the second class, Gaya Zilla School, in 1906) seemingly recovered under *Shyama* within a fortnight, the bubo (which was in the right groin) subsiding

completely ; but after six months the bubo developed again, attended with high fever, and the patient died of heart failure within twenty-nine hours of the relapse. Under proper care and a good after-treatment the percentage of cures with *Shyama* may be as high as ninety per cent. in an ordinary epimedic. (Hindu physicians would call it *Bâhirântâh Bâtâ Sleshmâ Bishârpâ*, vide the article "Plague in ancient Hindusthan, and its treatment by Charak," published in the *Biharee*, of 8th October, 1912.)

(6) *Shyama* acts markedly on the female genital organs, its action here being quite important and unique. The menses are regular as to time, but they are profuse and come out in gushes, followed by uterine hæmorrhages. The period lasts for eight or nine days. There is no appetite. Pain becomes most intense on the second day, when there is great tingling of limbs and frequent fainting. Pain begins to decrease from the third day. The discharge is bright red, and stains the cloth yellow after a moderate washing. Urine is scanty. (In Sanskrit the disease is known as *Râktâ-Pittâjâ Jni Rôgâ*.) *Shyama* given during the intervals will very generally cure the disease. Sometimes *Ipecac.* will have to be given during the periods. *Shyama* is the more indicated in these troubles when the disease has followed a sudden subsidence of asthma.

(7) *Shyama* is sometimes indicated in asthma. It is when the fit appears by day only, especially in the morning. Cough sounds loose.

(8) The diarrhæa, of which it is curative, has the following symptoms : stools are thin, watery, yellow in colour, and usually worse in the morning. Stools may or may not be offensive. The sphincter ani is so weak that stool escapes unbidden, or when the patient is passing flatus.

(9) In cholera morbus it is indicated when the pulse is wiry hard, and frequent ; stool, watery with yellowish-white or dirty-white, mealy sediments. Urine, suppressed or retained. Burning in abdomen or bladder, or both. Thirst moderate or intense. There may be fainting, hiccough, vomiting, whey-like and scanty ; mild retching.

(10) It is invaluable in obstinate dysentery during dentition of infants. Stools are bloody, slimy and watery.

(11) Hæmorrhoids (piles) also are an indication for *Shyama*, when there is bleeding at stool, the blood being bright red, and the anus is so extremely sore that the patient is very much annoyed when sitting. Fissures form in the anus. The part pains extremely during stool, and for hours after that; and this is why the patient does not like to have any motion. Flatus is passed, but the part is so sore that a flatus causes a pain which takes some minutes for the patient to recover from.

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## SOCIETY'S MEETING.

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### BRITISH HOMŒOPATHIC SOCIETY.

THE third meeting of the Session was held on Thursday, December 5th, Dr. E. B. Roche, President, in the chair.

Drs. Hardwicke, Borland, and Provis were balloted for as members of the Society and declared elected.

Dr. Blackley proposed a vote of condolence to the Tyler family on the death of Lady Tyler; and this was seconded by Dr. E. A. Neatby and carried unanimously.

The following specimens and cases were exhibited.

- (1) Large Retro-peritoneal cystic tumour enucleated from the pelvis and abdomen. Ovariectomy ten years previously.

THE PRESIDENT AND DR. BURFORD.

- (2) Microscopic section of this tumour.

DR. HARE.

- (3) Solid broad ligament tumour with muscle fibre and connective tissue cells.

DR. T. WESLEY BURWOOD AND DR. BURFORD.

- (4) Microscopic sections of this tumour.

DR. HARE.

- (5) Globular uterine fibroid (with purulent endometritis) removed from a single lady.

DR. E. G. MARCH AND DR. BURFORD.

- (6) Microscopic section of this tumour.

DR. HARE.

- (7) Sarcoma of chest wall in girl aged 19. This case was previously shown to the Society in February, 1911.

MR. JAMES EADIE.

- (8) Section of portion of tumour from No. 7 removed at operation in October, 1911. DR. HARE.

- (9) Cystic calculus removed by suprapubic cystotomy, followed by prostatectomy from bladder, seat of severe cystitis.

MR. JAMES EADIE AND DR. HARE.

- (10) Skiagraph showing No. 9 in bladder.

DR. CHISHOLM WILLIAMS.

- (11) Two calculi from right kidney of a woman whose symptoms had led to appendectomy without relief at a London Hospital previous to admission and nephrolithotomy in L.H.H.

MR. JAMES EADIE AND DR. HARE.

- (12) Skiagraph of No. 11.

DR. CHISHOLM WILLIAMS.

- (13) Microscopic slides showing—

(a) New method of staining T. B.

(b) Direct preparation of actinomycosis.

(c) Bacillus Xerosis.

DR. HARE.

Three papers on "Sarcoma" were read. Dr. Hare dealt with the pathology of these neoplasms, Mr. Knox Shaw with the clinical aspects, and Mr. Dudley Wright with sarcoma of the mouth, nose and throat. Many interesting points were elicited by the discussion which followed, and which was taken part in by Drs. Alexander, Wheeler, T. M. Neatby, E. A. Neatby, Burford, and Stonham, also Messrs. Eadie and Hey.

There was a good attendance at the Dinner Club at the Holborn Restaurant after the meeting.

## BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED).

### SUBSCRIPTIONS FROM NOVEMBER 16TH TO DECEMBER 15TH.

#### GENERAL FUND.

							£	s.	d.
Miss Muir	..	..	..	..	..	..	2	2	0
Rev. P. Rose	..	..	..	..	..	..	2	2	0
Dr. S. Morgan	..	..	..	..	..	..		10	6
Mrs. Spensley	..	..	..	..	..	..	2	0	0
Mrs. Bernard Shaw	..	..	..	..	..	..	1	1	0
Dr. C. O. Bodman	..	..	..	..	..	..	1	1	0
Miss D. (per Dr. Neatby)	..	..	..	..	..	..	2	0	0
J. Jones, Esq.	..	..	..	..	..	..	2	0	0
W. Brazil, Esq.	..	..	..	..	..	..	1	1	0
A. Backhouse, Esq.	..	..	..	..	..	..	1	1	0
Dr. Gibson Miller	..	..	..	..	..	..	1	1	0
Dr. Newbery	..	..	..	..	..	..		10	6

#### DONATIONS.

Mrs. Young	..	..	..	..	..	..	3	0	0
C. J. Bennett, Esq.	..	..	..	..	..	..		10	6
J. Child, Esq.	..	..	..	..	..	..		5	0

The usual Monthly Meeting of the Executive Committee was held at Chalmers House on Tuesday, December 17th.

#### POPULAR LECTURES.

On January 20th Dr. E. A. Neatby will give a lecture at Chalmers House on "Missions and Medicine: the Story of the London Missionary School of Medicine." It will be illustrated with lantern slides.

On December 16th Dr. Miller Neatby lectured with success to a very appreciative audience upon "Gleanings in the Field of Homœopathy."



## EXTRACTS.

## GREAT EPIDEMIC OF TYPHUS FEVER.

At the Gesellschaft für Sociale Medizin, Hygiene und Medizinal Statistik Hr. Prinzing read a paper on the "Great Epidemic of Typhus Fever" in connection with the Russian Campaign, 1813. He said that since the Thirty Years' War there had never been such a great epidemic of typhus of which so little had been known, and especially as regarded the number of victims. It was a double epidemic, the first associated with the retreat of the French from Russia, and chiefly fell on Prussia and died out in May, 1813. The second followed the campaigns in Saxony and Silesia, and spread over West and South Germany, Switzerland, Austria and France.

Already in Moscow 1,000 cases of typhus had to be left behind, and in the retreat many soldiers fell victims. In Wilna, where the Russians took 30,000 prisoners in the beginning of December, the hospital was crammed full; without fire and without food the sick and dead lay together on foul straw. Of 25,000 inmates of the hospital only 2,500 were left alive by the end of January. Of the Jewish population in and around Wilna, 55,000 died, the Russian army had 62,000 dead, the Eastern Provinces and Russian Poland were over-run with the disease.

In the West the disease began in the summer of 1813, brought up by troops from Austria. After the Passage of the Niemen the dregs of the army scattered in all directions, spreading the disease wherever they went, especially at dépôts along the military roads, for example, Gubinnen, Königsberg and Danzig. The latter town had 4,000 deaths from the disease during the siege from January to July in a garrison of 36,000 men and a civil population of 4,000. Berlin was attacked in May, 1813. In the Charité, Horn and Hufeland succeeded in preventing the spread of the disease to the healthy by strict isolation and fumigation of the patient's belongings. From Berlin the whole provinces of Brandenburg and Saxony were

infected, where chiefly Torgau had 6,000 cases of the disease, with 434 deaths. Bavaria, where the danger was recognised in time, and the returning suspected troops were isolated in hospitals was but slightly affected, and the same in Würtemberg, where in eighteen communities 165 persons took the disease, with twenty deaths.

During the campaign in Saxony and Silesia the disease which had died out was lighted up afresh about the middle of May, caused by bodies of Russian and French troops. After the Battle of Katzbach, in Upper Silesia, 9,000 persons died. Then followed Dresden and Leipzig, where 30,000 wounded were left after the battle uncared for in the streets. A total of 80,000 French perished from the pestilence. In Mainz the grave-diggers refused their services, and the frozen bodies lay in heaps before the doors until the setting in of mild weather compelled them to commit the dead to the flames.

In Hamburg a great epidemic began during the siege at the end of 1813; the fugitives and the inhabitants, driven out by Davoust, spread the infection into the neighbouring cities. Between November, 1813, and June, 1814, Bavaria had 18,000 cases of typhus, with 3,024 deaths. It was the same in Würtemberg, where half of the medical attendants contracted the disease. In Prussia 200,000 died from the disease, corresponding to a morbidity of about 2,000,000, *i.e.*, a tenth of the population of Prussia.

Incomplete hospital accommodation and attendance contributed to the extension of the disease. Citizens called in to assist soon returned home, carrying the infection with them. From want of room in the hospitals, convalescents were sent out too soon. Hildebrandt looked upon the disease as one by itself, others thought it was brought about by fatigues of marching and want of food, that it was infectious later, but that it constantly broke out afresh. A Saxon physician thought isolation was injurious, that the disease was rendered more violent by it. Although Hufeland was aware that Cüstrin, although besieged, escaped the disease, he was never quite certain that

it spread from person to person. In the French lazarettes there was want of cleanliness. The treatment consisted in fresh air and douching ; bleeding did harm. Patients who had to lie in the open air did better than those treated in hospital.

Could such an epidemic be avoided in any future great war ? German military sanitation was on the highest footing, but if that of an enemy was not equally without reproach such an epidemic could not be avoided. In 1869 small-pox raged in France, especially where the war was carried. Whilst our well vaccinated troops only suffered slightly, 200,000 French died of smallpox in France. Through the transport of prisoners the disease was carried into Germany, where the epidemic of 1871 and 1872 carried off 17,000 persons—four times as many as fell victims in battle. War authorities, as well as the civil population, then, were equally interested in protecting troops from epidemics. It is the duty of the State to assist communities financially in making preparations. Great caution must be exercised in the transport of prisoners and in the return of troops from the front if they had been engaged in an infected territory. Japan had protected itself from the cholera by causing the troops returning from the Russo-Japanese war to undergo quarantine on three islands. The modern fight against epidemics was of recent origin ; it was bound up with the name of Robert Koch.

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ARSENICUM IN FACIAL NEURALGIA.—Dr. J. B. G. Custis writes : " Arsenicum is the right-sided remedy as regards the face. The pains must be hot ; the patient must be pale and restless ; he is generally thirsty, and always prostrated. Without these characteristic symptoms the remedy will disappoint you, but in some of its combinations it will bring about the results which you had expected from the metal alone. The combination which has served me more than any other is *Natrum arsenicum*. Most of the patients present a dejected picture, because of the wasting of the face in the orbital region. They complain of headache, infraorbital for the most part, and have discharge from the nostrils. The pain is referred to the malar bone and comes in paroxysms ; in fact, it is one of the remedies for the right-sided *tic douloureux*.—*Hahnemannian Monthly*.

## OBITUARY.

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### LADY TYLER.

OUR readers will hear with regret of the death of Lady Tyler on December 4th. Lady Tyler was the widow of Captain Sir Henry Tyler, R.E., president of the Grand Trunk Railway of Canada for eighteen years and Conservative member for Harwich and Great Yarmouth 1880-85 and 1885-92. She was a member of a family which has an exceptional record of public service. Her father, General Sir Charles William Pasley, was an accomplished Engineer officer, to whom the corps of Royal Engineers owes much of its present high state of efficiency, and her brother, Major-General Charles Pasley, R.E., served with distinction in Victoria, Australia (where, later, he was Commissioner of Public Works), in the fifties of last century, and in the New Zealand War of the sixties. Sir Thomas Pasley, the admiral who commanded a division under Howe on the "Glorious First of June," was also Lady Tyler's relative.

Lady Tyler's interest in Homœopathy, like that of her husband, Sir Henry Tyler, was keen and unfailing. To her initiative and generosity the Tyler Scholarships are largely owing, for sending students to study Homœopathy in America, and every homœopathic cause found in her a friend and advocate. Her sympathy and help will be much missed, although her daughter, Dr. Margaret Tyler (well-known to readers of the *World*), continues her parent's enthusiasm for our faith and works for it with all the energy and fire which seem to be never wanting in the members of her family.

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## VARIETIES.

MATERIA MEDICA NOTES.—(George Royal, M.D., Des Moines, Iowa). *Actea Racemosa*. Tremors of the entire body ; jerking after going to bed, obliging change of position, beginning on side on which he was lying ; nervous restlessness with indisposition to fix the attention on any subject ; mental restlessness patient constantly changing subject ; nausea and vomiting with general tremors and a weak trembling sensation ; sharp catching pains about the heart, with palpitation and faintness ; sleep restless and disturbed by dreams ; drawing tensive pains at points of spinous processes of three upper vertebræ which are sensitive to touch ; twitching and trembling of muscles of the lower extremities so that he can scarcely walk ; jerking, constricting, burning pains in extremities.

The aggravations are at the time of menses and from motion. When we take into consideration the fact that this remedy acts upon muscles especially those of the uterus, and the further fact that the larger proportion of the choreic patients are girls and women, and the disease which most frequently complicates chorea, you will see why *Actea Rac.* is so frequently indicated. Used in the 3rd, 6th and 30th.

*Stramonium*. Trembling of whole body constant restless movements ; features continually changing ; tongue thrust out rapidly over lips and cheeks ; head thrown backward and forward ; spasmodic twisting of spine and body ; convulsive movement at the sight of a bright light or water ; worse from being touched or scolded ; stammering speech ; speech so impaired that she cannot be understood ; spasm of the throat on attempting to swallow, especially water ; profuse saliva with difficult deglutition ; respiration difficult ; breathing oppressive with tightness of the chest ; trembling and twitching of the hands and feet ; twitching of the tendons, followed by a sensation of numbness. The aggravation from water is characteristic. The grimaces which the twitching of the facial muscles produce are fearful. Used in the 6th and 30th.

*Ignatia*. Emotional chorea, for the chorea of sensitive children who have been frightened or blamed, also for the result of grief or depressing emotions of older parents with the following : Sadness, weeping, loss of appetite ; diarrhœa ; then twitching of the muscles about the corners of the mouth ; twitching of the arms and then legs ; hiccough ; regurgitation of food ; difficult deglutition with constant swallowing ; nervous spasms of the glottis ; frequent sighing. The jerking of the limbs seems worse as the patient is just ready to fall asleep.

Used in the 30th and 100th.

*Hyoscyamus*. Choreia after exhausting disease. Constant clutching motion of the hands on every attempt to move them ; twitching of muscles of any parts of the body when thinking about them ; trembling of the hands and feet even spasmodically flexed when walking or going upstairs or extending legs ; twitch-

ing of the muscles of face, distorting it; trismus, great weakness; involuntary micturition, used in the 6th and 30th.

*Agaricus*. True cerebral chorea. Frequent *twitchings* of muscles, *especially those of the eye*; trembling; aversion to mental work; twitching of the eye balls so that the type seemed to move; "*swimming*" of the type; spasms of the muscles of the ear; twitching of the muscles of face; *constriction* of the chest; soreness, aching, boring and twitching of the muscles of the spine; convulsive shocks through upper back and head; *attacks one upper arm* and the opposite leg.

*Arsenicum*. This is most frequently used by the old school. Great *restlessness, constantly changes position*; walks to get relief from restlessness; great prostration, inability of stomach and intestines; stools frequent, dark, liquid and exhausting; marked *anæmia* as shown by all tests; sleep restless and unrefreshing, worse after midnight; *violent convulsive spasms* of the extremities; *urine scanty* and high coloured; trembling of all the limbs; weakness so marked can hardly walk; *sensation of torpor of limbs* as if they were dead. *Arsenicum* has been used with success in all potencies from five drops of Fowler's solution to the 1000th. I prefer the 30th in the majority of cases.

*Nux Vomica*. *Unsteady gait; feet drag*; choreic movements renewed by the least touch of cold air on the parts and by motion, but relieved by firm hold or pressure or holding the part firmly. —*Hahnemannian Monthly*.

AFFECTIONS OF THE VOLUNTARY MUSCLES.—It can hardly be denied that in proportion to their bulk and importance in the vital economy the muscles have received less attention from pathologists than any other system or organ. Yet undoubtedly in the case of general disease they suffer along with all other parts of the body, and some, at all events, of the weakness accompanying exhausting disorders may be due to actual muscular disturbance. It is regrettable that with the exception of a few rare affections, such as myosotis ossificans and polymyositis, little is known of the changes which the muscles undergo, and even in these conditions our knowledge is not at all conclusive. We welcome, therefore, the paper recently published in the Proceedings of the Neurological Section of the Royal Society of Medicine\* by Dr. R. C. Jewesbury and Dr. W. W. C. Topley, in which are set forth the results of their investigations into the histological changes met with in voluntary muscle in acute and chronic diseases. These writers find that in cases of wasting disease, such as cancer and tuberculosis, microscopical examination reveals marked changes in the muscles, the individual fibres varying notably in size and showing increase in the number of their nuclei. In some instances these were grouped into darkly staining masses, while in others they were arranged at the peripheral portions of swollen fibres, presenting when these were cut transversely the appearance of multinucleate giant cells. In acute diseases the

\* Proceedings of the Royal Society of Medicine, May 9th, 1912, Vol. v., No. 8, June, 1912, Neurological Section, p. 161.



muscles may exhibit hyaline or granular degeneration, but often seem normal. Healthy muscle shows little interstitial fat, but in diabetes and pancreatic disease this substance is increased in amount, as is shown not only by microscopical examination, but by chemical analysis of the total fat present. An aggregation of fat droplets around the nuclei of the muscle cells is found in many cases and is scarcely to be looked on as pathological. True fatty degeneration of muscle was found constantly in animals infected with a lethal dose of diphtheritic toxin, in which life was prolonged for more than twenty-four hours; it was also found in a human subject dead of a severe but unclassified form of anæmia, and in a case of infective purpura. Increase in the quantity of glycogen present was seen in the leg muscles in three cases in which amputation had been performed for diabetic gangrene. Amyloid change was never discoverable. In the discussion which followed the paper Dr. F. W. Mott stated that in general paralysis of the insane fatty degeneration of the muscles was found in cases in which convulsions had occurred; it was also suggested in persons dead of status epilepticus. He suggested that it was here due to exaggerated action of the muscles in the presence of a profound toxæmia.—*Lancet*.

MATERIA MEDICA AND THERAPEUTICS.—*Avena Sativa*.—The seeds of *avena sativa*—the common oat—afford a medicant which constitutes a nerve stimulant of marked activity and of frequent usefulness. It is also a very good tonic and antispasmodic, as well as an antineurotic of decided merit.

*Avena* is employed in nervous prostration with the most gratifying results, and in neurasthenia it is deemed a remedy of superior merit. In paralysis and wasting disease of the aged it exerts an influence relieving in character, and in chorea it has been found useful. In the paralysis which sometimes follows diphtheria I have employed it with curative results. *Avena* is especially indicated in headaches accompanied by a burning sensation on the top of the head, and in sick headaches associated with nervous weakness its effects are promptly curative. It is also a remedy usefulness in nervous headaches which are often a source of great suffering at the menstrual period. *Avena* quiets the nervous system to a remarkable degree, and thus becomes a remedy of value in functional wrongs of the male sexual system. In Impotency, especially in men under middle life, it is an agent of considerable value, and in many diseases of the genito-urinary organs it often renders excellent service. In uterine and ovarian wrongs, with hysterical manifestations, it constitutes a medicant of more than ordinary merit. *Avena* is a most useful remedy in all cases of nervous exhaustion, general debility, nervous palpitation of the heart and inability to keep the mind fixed upon any one subject. In insomnia it aids much in securing refreshing sleep, and when given in accordance with specific indications it constitutes a most valuable means of lessening the bad effects of the morphine habit. In alcoholism it is employed with much advantage, and in paralysis of various forms a place is often found

for this agent. In the recuperating stage of typhoid fever and other exhausting or debilitating diseases, *Avena* constitutes an excellent tonic and restorative. In rheumatism affecting the heart it exercises a correcting influence, and nervous debility resulting from or associated with any disease is often overcome by the judicious use of this remedy. In spermatorrhea, when due to nervous exhaustion, *Avena* is used with curative results, and in excessive nocturnal seminal emissions its corrective action is promptly manifested.

The indications calling for *Avena* are frequently seen and readily understood. Amongst the most prominent ones the following are perhaps the most useful: Pain in the head, extending along the spine and down the lower extremities; paralytic tendencies; nervous prostration due to mental strain; sleeplessness and irritability; pain in the occipital region, extending into the neck; vagary of thought and manner; neurasthenia; hysteria; melancholia; alcoholism. The dose is from five to sixty drops of the tincture.—FYFE.—*Pacific Coast Journal of Homœopathy*.

THE TARENTULAS.—*Tarentula cubensis* and *Tarentula hispina* (although of the same family and thus apparently alike), still they differ widely in their pathogenetic and therapeutic effects.

The *Tarentula hispina* is a nervous remedy, acting deeply and powerfully on the cerebro-spinal system and many cases of chorea, hysteria, etc., have been cured by this agent. The symptoms produced by it approximate closely to those of chlorosis with hysteric complications, so much so that it is impossible to distinguish the two conditions. General debility, pallor of face, breathlessness, præcordial anxiety, palpitation, depraved taste, involuntary sadness,—these are common to both. Chlorosis has been known to supervene on the bite of a spider. The *Tarentula* patient is nervous, restless, requiring frequent change of position. *He must constantly busy himself or walk.* Nervous symptoms from uterine or ovarian enlargements. Hysterical insanity, deceptive, maniacal happy mood; terrible pruritus, a sensation as of insects creeping and crawling, especially of genitals. Symptoms are all better by violent exercise. Patient is disposed to play tricks, is fox-like and destructive, requires the utmost vigilance to prevent damage, moral relaxation, intense headache as if 1,000 needles were pricking into brain, relieved by rubbing head, as if large quantities of cold water were poured on head, great distress of cardiac region, vertigo, sexual excitement in both sexes, lasciviousness.

*Chorea* contortions do not even cease at night. Local hyperæsthesias (tips of fingers, etc.).

*Tarentula hispina*—patient seems soothed by the sight of bright colours, or by looking on smooth clear surfaces as water, but music is their great solace. Their bodies move to its measures as they are led to dance.

*Tarentula cubensis* seems to be a toxæmic remedy, acting directly on the blood. The bite itself is painless, persons bitten are not sensible of it until next day, when they discover an

inflamed pimple surrounded by a scarlet areola. From the pimple towards some other parts of the body a red erysipelatous line is seen, marking the course followed by the spider over the skin after biting, so corrosive is the nature of the virus. The pimple swells, the inflamed areola spreads wider and wider, chills, burning fever, great thirst, anxiety, restlessness, headache, delirium, copious perspiration and retention of urine. Pimple grows larger, becomes a hard, large and exceedingly painful abscess, and having several small openings discharging a thick sanious matter containing pieces of mortified cellular tissue, the openings forming large cavities. Now the fever takes on an intermittent type with evening paroxysms, accompanied by diarrhœa and great prostration. Now such symptoms describe plainly carbuncle and it is here where *Tarentula cubensis* is indicated, for the atrocious pains and even when sloughing has commenced, useful in syphilitic buboes, tumors, scirrhus tumours of the breast, boils and all kinds of abscesses where pain or inflammation predominate. Its power to relieve pain in these cases is wonderful, acting, we might say, as an anodyne. It is the remedy for pain of death, pain of dying cells, last suffering, soothes the dying sufferer, pain, rattling in chest with no power to throw out the mucus. Use the thirtieth potency. *Pacific Coast Journal of Homœopathy*.

HELIO THERAPY IN LARYNGEAL TUBERCULOSIS.—The good effects obtained by French writers from heliotherapy in surgical tuberculosis, and in tuberculous peritonitis, have recently been described. In the *Progrès Médical* of September 21st, the results obtained [in laryngeal tuberculosis by several French surgeons are mentioned. M. Collet, of Lyons, has successfully treated three cases. He turns the patients towards the sun with the mouth open so that the rays received on a laryngeal mirror, placed in the throat and controlled by means of a looking-glass, are reflected into the larynx. The head and eyes are protected by a large hat and dark glasses. The *séances* were frequently interrupted, and amounted at first to half an hour in the day, later to an hour. The first patient treated has been competely cured and has remained so for six years. He suffered from enormous infiltration of the epiglottis, arytenoids, and ventricular bands. The dysphagia disappeared in ten days. M. R. Alexandre first used the method just described, but abandoned it because he found it painful. He now places the patient with his back to the sun and reflects the rays on the laryngeal mirror from a concave mirror. By means of a plain mirror the patients ensure that the rays are properly reflected into the larynx. This they quickly and easily learn to do. There is a central aperture in the concave mirror by which the surgeon can observe that the method is being properly carried out. The laryngeal and concave mirrors are made of silver. The *séances* at first are of five minutes' duration, and are gradually lengthened to half an hour and an hour, with numerous pauses. They are given twice daily. M. Labouré, of Cannes, uses an arti-

ficial light obtained from an arc lamp. The good results obtained by these different observers are remarkable. A most beneficial effect is exerted on tuberculous ulcers and tumours. In the case of red diffuse infiltrations care is necessary, because they may be aggravated. This treatment of laryngeal tuberculosis was first brought forward in 1904 by a German physician to a sanatorium, Dr. Sorgo. Though the opportunities for heliotherapy are not so great in this country as on the continent, it seems well deserving of a trial.—*The Lancet*.

FATAL NICOTINE POISONING.—E. Ehrnrooth (*Finska Lækaresällskapet's Handlingar*, July, 1912), reports a fatal case of nicotine poisoning which is, he thinks, the first to be recorded in Finland. This is all the more strange as nicotine is easily extracted both from the green and the dried tobacco leaf. On the advice of a midwife in Helsingfors, the mother of a six year old girl gave her daughter an enema prepared from tobacco in order to expel worms. An infusion was made from 4 to 5 grams of green tobacco leaf in about one litre of water. Half of this was injected. The child soon became very restless, a cold sweat broke out, and death occurred within half an hour of the injection. The necropsy showed that there was no status lymphaticus to account for the sudden death. The bronchial glands were enlarged and caseous, and the kidneys showed signs of slight inflammatory changes. There was extravasation of blood into the mucous membrane lining the pelvis of the kidneys. There were also extravasations of blood into the mucous lining of the stomach, which was grey and swollen. The lining of the intestines, particularly in the lower portion of the small and the upper portion of the large intestine, was swollen and hyperæmic. A yellowish-grey mucous fluid was found in the intestine, suspended in which were numerous particles which consisted of tobacco leaf. Analysis of the contents of the large intestine showed the presence of nicotine. Given by the rectum, nicotine appears to be rapidly absorbed, for death has been known to follow in two to five minutes. How much nicotine was given in the author's case is not clear, but as the enema did not contain the bulk of the leaves, it is probable that only a fraction of the nicotine they originally contained was absorbed by the child. Nicotine is, however, so toxic, that 0.003 gram is sufficient to cause serious poisoning, while 0.006 gram may be fatal. One cigar alone may contain enough nicotine to cause death, and it is surprising that such a toxic drug figures so rarely in the history of suicide and murder, yet there are some interesting records of the use, both of pure nicotine and of tobacco, for these purposes. The most famous trial in which nicotine played a prominent part was that of Count Bocarmé, who was convicted in 1850 of poisoning his brother-in-law, Gustaf Fougnyes. The trial is of historic interest, as it was the first in which a medico-legal analysis of a dead body revealed the presence of a vegetable poison. The *post-mortem* changes in cases of nicotine appear to vary considerably, and while some observers have detected a smell of tobacco on opening

the body, others including the author, have noticed no such phenomenon. The paths by which nicotine enters the body are numerous, and of these the skin is one of the most common. Smugglers have suffered from severe nicotine poisoning by secreting tobacco under their clothes next to their skin, and the application of wet tobacco compresses to cutaneous eruptions has also ended in disaster. Most curious of all is the case of a convict who had the ingenuity to smuggle tobacco into his cell by secreting it in his rectum, for which device he was punished by serious symptoms of nicotine poisoning.—*British Medical Journal*.

**POISONING BY ARSENIC IN CARPETS.**—A report by Professor Kuttner tends to show that, though the use of arsenic as a carpet dye is illegal in Germany, poisoning from this source is not rare. The victims complained of chronic diarrhœa, which was intractable at home but speedily disappeared on change of residence. When the patients returned home the diarrhœa recurred, in spite of every dietetic precaution. The possibility that the diarrhœa was of nervous origin was at first entertained, for there is such a form of diarrhœa which can be cured by removing the patient from home surroundings. But the patients in question exhibited no signs of neurasthenia or hysteria. One of them, a man aged thirty two, complained of abdominal pain, and the passage every day of six to ten watery motions. Those contained unaltered bile pigments, muscle fibres, starch, fat, and mucus. A blood count showed secondary anæmia. After treatment in hospital for sixteen days he was discharged in perfect health, but a relapse occurred within a few days of his return home. Another stay of ten days in hospital was followed by recovery, succeeded again by a relapse on the patient's return home. Arsenic was sought for, and found in the bedroom carpet. A little later a second patient developed chronic diarrhœa, which ceased only when he changed his quarters. An analysis of his bedroom carpet showed large quantities of arsenic. His wife suffered from headaches and lassitude, but not from intestinal symptoms. A third patient developed severe diarrhœa at her first confinement, and for the following year-and-a-half suffered from chronic diarrhœa, which reduced her to a state of profound emaciation and anæmia. Here, again, relief was obtained only by change of residence. Arsenic was found in the urine and also in her bedroom carpet. While the patient had slept with her windows open she had been quite well, and the diarrhœa occurred when, during the puerperium, they were kept shut. It is probable, therefore, that the arsenic reached the system by inhalation. In two women, aged 52 and 56 years, respectively, who suffered from anorexia, lassitude and a tendency to diarrhœa, the blood counts are said to have been characteristic of pernicious anæmia. The bedroom carpets contained arsenic, as did also the urine in one case. Regrettably enough, the urine was examined for arsenic in only two of these five cases. The absence of arsenic from the urine does not exclude arsenical poisoning; nor, on the other hand, does the demonstration of arsenic in a bedroom carpet

establish a connection between it and obscure toxic symptoms. But there is little doubt as to the connection in the cases recorded, for the reasons given above. As arsenic is also employed in the manufacture of cheap linoleum, its presence in bedrooms must be common, and it is consequently advisable to suspect its influence in all cases of obscure anæmia and intestinal catarrh.—*British Medical Journal*.

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Letters to the Editor requiring personal reply should be accompanied by stamped directed envelope.

All advertisement and business communications to be sent to the "MANAGER" of the Homœopathic Publishing Company, 12, Warwick Lane, Paternoster Row, London, E.C.

LITERARY matter and correspondence should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the Editor as early as possible.

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BOOKS AND JOURNALS  
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Brit. Hom. Review.—Revist. Hom.—Med. Times.—Allg. Hom. Zeit.—Med. Advance.—The Chironian.—La Homœopatla.—Ind. Hom. Rev.—Hom. Envoy.—The Chemist and Druggist.—Medical Century.—Rev. Hom. Française.—H. Recorder.—L'Omiopatla in Italia.—Revista Hom. de Pernambuco.—N.A.J. of H.—New Eng. Med. Gaz.—L'Art Médical.

—Hom. Jour. of Obst.—Annals de Med. Hom.—Century Path.—Hahnemannian Mon.—Pacific Coast Jour. of H.—Journal B.H.S.—Zoophillist—Calcutta Jour. of Med.—Le Propagateur de L'Homœopatie.—Cleveland Medical and Surgical Reporter.—Från Homöopatiens Värld.—Journal of the American Institute of Homœopathy.—Indian Homœopathic Reporter.—La Critica.—The Homœopathician.—Iowa Homœo. Journal.—Isotonic Sea-water: Sandberg and Tudor.—The Baby.—Hypnotism: Hutchinson.—Marriage and Motherhood: Davidson.—Materia Medica: Boericke.

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# THE HOMŒOPATHIC WORLD.

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FEBRUARY 1, 1913.

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## THE GENEROSITY OF MR. OTTO BEIT.

MR. OTTO BEIT has given a sum of £5,000 to be held in trust by the British Homœopathic Association for purposes of research into medical and physiological problems which have a bearing on the law of Homœopathy. Many rich men, anxious to benefit the community, seem nevertheless to lack a touch of imagination in distributing their gifts ; but Mr. Otto Beit has grasped the fact that the sphere of the experimental and the untried is precisely the most fruitful field for the rich man to exploit on behalf of the public. His fame is world-wide for his generous endowment of Medical Research, and more recently he has shown his wideness of outlook and his eagerness for experiment by making it possible to test the merits of the Quinton Plasma in London. Now he has supplemented his other medical research benefactions by a gift specifically to those who hold the Law of Hahnemann, and it is for us to make good our title to use it by our work of the next ten or twenty years. The British Homœopathic Association will have the task of choosing the lines of research, and we can think of many promising paths waiting to be followed. Here then is the money ; now we need only the work of men and women, and as that has never been lacking in the past we anticipate in due time a fine result from the generosity of Mr. Beit.

## NEWS AND NOTES.

## HOMŒOPATHY IN THE NEWSPAPERS.

ECHOES of the *Times* controversy on Quackery sound here and there, and there have been of late many letters in our famous contemporary, *Truth*, dealing with Homœopathy from various standpoints, and a very notable article (issue of January 8th), to which we direct attention. It is founded on comparative statistics, mainly American, supplied by our indefatigable colleague, Dr. Hoyle, and these figures enable the writer of the article to make a powerful plea for the recognition of Homœopathy as a force for the treatment of disease. The clamours over the Insurance Act have at least brought our Profession prominently before the public; if incidentally we can push the claims of Homœopathy forward, we shall have seized an opportunity to some purpose.

## AN INTERESTING LETTER.

WE are permitted to publish this letter, which we are sure will interest our readers. The point made with regard to the "discovery" of potentization is a good one.

Tai-Yuan In,  
Shansi,  
North China.

*December 3rd, 1912.*

DEAR DR. TYLER,—Extra pressure of work has prevented me from writing and acknowledging your letter and also the "Specifics" you kindly had sent to me. Very many thanks for both. There is no possibility of my getting any off time next year, but it is due in 1914. I do congratulate you on getting your advertisement into the B.M.J. That is a very definite step forward. In glancing through "The Extra Pharmacopœia" Martindale and Westcott, one or two points struck me as interesting, considering where they are found. Vol. I, page 466, bottom line, "Dilute solutions of substances contain free ions of the substances." Page 468, three-quarters down, "The more a solution is diluted—up to a point—so much greater is the ionisation and rate of molecular conductivity." Page 470, quarter down, "It should be noted that the introduction of medicaments by ionisation brings about a substitution of the fresh ions for the

ions of the organism. This may obviously be a more drastic procedure than introducing chemical substances by the stomach or subcutaneously, hence considerable caution is necessary both as to purity of the substance, the strength of current acid and method of procedure." May it not be that the method of introduction is not so important as the dilute solution containing free ions. Vol. 2, page 33, first line, "Iron acts more as a stimulant to the blood-forming organs than as a constituent of new blood." Surely in some points at least the two schools are not far from each other. I had an interesting case recently, a man who had been treated allopathically for two years by well qualified men without any real success, and was considered, on account of peculiar symptoms, a hypochondriac, under *Sulph.* 200, lost them all, and says he feels "perfectly well, but weak." The successes which I get are most tantalizing. I trust there are more to follow, they are sufficient to make me keen on knowing more.

Believe me,

Yours sincerely,

B. C. BROMHALL.

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#### A SINGLE DOSE CURE OF A CASE OF ALOPECIA AREATA.

THERE is this satisfaction about diseases that manifest on the skin, that when they recover they recover obviously both to the patient and to his friends. Alopecia areata is emphatically not a disease that tends to spontaneous cure, and therefore a history recorded by Dr. E. de Keghel is the more interesting. It is that of a well-marked case of Alopecia of years standing, in which a fresh and satisfactory growth of hair on the bald patches followed the administration of a single dose of *Phosphorous* 30. It is impossible to say with Alopecia that the cure existed only in the imagination of the patient, and the case seems worthy of record.

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#### REPETITION OF DOSES.

THERE can be little doubt in the minds of those who have made careful experiments that it is easily possible to repeat medicines too soon in chronic diseases, and the Hahnemannian rule to leave each dose to work out its full effect seems to us a sound one. But fortunately cases will respond to homœopathic treatment within a considerable range of methods of practice, and we are interested to record some striking cures

of chronic diseases by Dr. Favre, with *Sepia*, wherein the drug in the 30c and 100c potency was repeated with a frequency that we fear would make Dr. Kent lift up his hands in horror. Every two or three days it was given, and in one case every day for a week. Nevertheless the results were eminently satisfactory, and we record them, feeling that there is still much work to be done before all the problems of potency and repetition can be said to be solved, and every kind of contribution in the form of definite result is wanted.

#### TIME OF AWAKENING.

THE following hints of Dr. C. M. Boger may be found useful.

The hour at which the patient awakes at night is one of the most trustworthy indications for the remedy. When this occurs at 3 a.m. the following remedies deserve special attention:—

*Sepia* 1566.—He wakes up at 3 a.m. and cannot go to sleep again.

*Magnesia Mur.* 689.—At night she wakes up at 3 a.m. and cannot get to sleep again.

*Sulphur* 1794.—He wakes up early every night, at 3 o'clock, and cannot go to sleep again.

*Platina* 499.—She wakes up at 3 o'clock without any pains, and she soon goes to sleep again, for several nights.

*Platina* 498.—Sleeplessness after 3 a.m., no position suits him.

*Nux Vomica* 1060.—He can only sleep before midnight from 11 to 1 o'clock, he then wakes up and must get up at 3 o'clock.

*Arsenicum* 1093.—After midnight, from 3 o'clock on, he tosses about and only sleeps in fits.

*Graphites* 1056.—She awakes at 3 a.m. and cannot go to sleep for several hours, and wakes up at 7 a.m. dizzy and fatigued.

*Mezereum* 566.—Awakening at 3 a.m. with sensation of excessive heaviness in all limbs and in the head; he cannot fall asleep again for a long time and is then tormented by anxious dreams.

MATERIA MEDICA NOTES FROM THE "PACIFIC COAST  
JOURNAL."

*Allium sativum*.—Coryza, with pressing pains from above root of nose, catarrhal deafness; smarting lachrymation, tickling and raw feeling in throat.

*Bromium* 6.—Hemicrania, left side. Pain over left eye and deep in crown of head.

*Anagallis*.—Itching eruption of fingers. Much pain in fingers and thumb. Gouty swellings on finger-joints.

*Agaricus*.—Nosebleed in old people, with relaxed state of blood vessels.

*Absinthium*.—Nervous, excited sleepless children, tendency to convulsions.

*Gratiola*.—Sick headache with nausea, disgust of food, giddiness, better in open air. Sensation of heaviness of head and constriction of forehead. Mental depression. Use the 3x potency.

*Allium cepa*.—Coryza better in open air, but worse towards evening. Profuse acrid discharge, corroding nose and upper lip. Bad effects from getting wet. Very often useful in spring coryza, after damp north-easterly winds.

*Arsenicum*.—Is well indicated at the climacteric for the "hot flashes" when the face is frequently flushed and there is an accompanying frontal headache in many instances. I have cured many cases with this remedy.—G. J. JONES.

*Castor equi*.—3 has been prescribed for psoriasis linguæ of very obstinate character with perfect success on account of its general action on thickening of the skin and epithelium.—SIEFFERT.

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## ORIGINAL COMMUNICATIONS.

## GLEANINGS IN THE FIELD OF HOMŒOPATHY.

By DR. T. MILLER NEATBY, M.A.

THERE is a homely but effective criticism to be found in the Old Testament of a bed that was too short for a man to stretch himself in, and a covering too narrow for him to wrap himself in. Profiting by this fragment of ancient wisdom, I have chosen a title for this evening's lecture that will surely give me "ample room and verge enough" to say very much what I please; the title, "Gleanings in the Field of Homœopathy," will cover almost anything. After a somewhat discursive sermon, the famous preacher, Rowland Hill, was gently taken to task in the words, "Why, Mr. Hill, you have taken us from Dan to Beersheba." "Oh, never mind," was the characteristically ready reply, "it's all holy ground." I trust you will feel by this evening's end that after all we have not erred far from the sacred soil of Homœopathy.

In the lecture that I had the privilege of delivering in this place last December, I referred to the not unpalatable explanation that was given by the allopaths (I quoted in particular Oliver Wendell Holmes and Lauder Brunton) of the indubitable successes that fell to the credit of Homœopathy in its earlier days. It was impossible, they said, that the small, often infinitesimal, doses of substances which were moreover in some cases (as they alleged) quite inert and without medicinal properties, should do any good. The merit of homœopathic treatment was, therefore, purely negative. It was valuable as a reaction against the old drastic, lowering, devitalizing system of treatment which was the therapeutic currency of the orthodox mints of Hahnemann's day. Giving medicine according to Hahnemann's method was equivalent to giving no medicine at all. Homœopaths refrained alike from poisoning and from draining the wells of life. They adopted an expectant attitude. They were the Quietists of medicine. They left a clear field for nature. The word that came to Israel of old, when

threatened by powerful foes, was "Stand still, and see the salvation of the Lord." A true word of the Lord, sounding forth from the same heaven of eternal truth, came in the beginning of the nineteenth century to the frenzied army of salivators and phlebotomists, battling blindly and often despairingly with the powerful forces of disease—"Stand still and see the salvation, the physical salvation, that Nature, unaided, will bring."

This, then, was the explanation of such success as attended the practice of Homœopathy. Homœopathic cures so-called were not due to Homœopathy, but to what was called, by those who preferred Latin to their own mother-tongue, the *vis medicatrix naturæ*. I may remark in passing that doctors have always loved Latin, even bad Latin, more than English. Indeed, I am reminded of a couplet written by one of the wits of my own college at Cambridge some years ago, when the battle of Greek and No-Greek was raging :

And some who won their spurs by Greek  
Profess no Greek to know,  
While those whose Greek is next to nil  
With love of Greek o'erflow.

I am bound to say that speaking generally doctors' Latin is next to nil, but they are very fond of it all the same. This, however, is a digression from the *vis medicatrix naturæ*, that is, the Healing Force of Nature.

Now if that were the full explanation of the value of Homœopathy, Homœopathy would still have achieved one of the most colossal reforms in medicine, and Hahnemann would still have proved himself a revolutionist of the first order—in other words, a genius.

We are bound to admit, I think, that this explanation is partially true; that is to say, that it is an explanation that partially explains the success of Homœopathy. There can be no doubt that under the old crude coercive treatment, by which remedies but little understood were applied in large doses to bodies whose activities and susceptibilities were still less understood, many mild or only moderately severe cases, say, of pneumonia, were sent to an untimely death. Most of such cases would probably get well of

themselves, provided they were well nursed. Many precisely similar cases, no doubt, get well under good nursing *plus* homœopathic treatment. It may seem plausible, therefore, to say that such cases were really cured by unassisted Nature, and that the homœopathic treatment that they received, while it did no harm, contributed nothing to the successful issue. But if this *vis medicatrix naturæ* theory were correct, one would suppose that, as soon as the allopaths saw the folly of obstructing Nature's beneficent processes and adopted by preference the policy of a masterly inactivity—standing by and letting Nature do the work, straightway their results would be as good as those of the homœopaths. But is this so?

Well, take pneumonia, the disease just mentioned. It is useful for our purposes because, although a serious disease, it is a disease which shows a marked tendency to spontaneous recovery, and therefore the opinion that homœopathic cures of pneumonia are really Nature's cures and nothing else is *prima facie* plausible. We will compare the allopathic and homœopathic results, first of the old times when allopaths were still treading the stony thorn-ridden ways of bleeding and of purging and of polypharmacy run mad, and secondly of the modern civilized times during which they have trodden "the primrose path of dalliance" and expectancy.

We have statistics of the cases of pneumonia treated in the Royal Infirmary of Edinburgh from 1839 to 1849 (the figures are taken from the late Professor Hughes Bennett): total number of cases 648, deaths 222, mortality 34.2 per cent. Within the same period, from the year 1844 to 1848, Fleischmann treated in the Homœopathic Hospital at Vienna 284 consecutive cases with only 10 deaths—mortality 3.5 per cent. The difference between a mortality of 34.2 per cent. and 3.5 per cent. is considerable. Can this discrepancy be accounted for simply on the theory that the Homœopaths gave Nature a free hand? If this were so, we should expect the 34.2 per cent. mortality to come down to something like the low level of 3.5 per cent. at any rate. In the ten years from 1896 to

1906, when the expectant treatment was in full swing and allopaths had learnt the futility of drugs, 7,868 cases were treated in the various London hospitals (I quote Allbutt's "System of Medicine"), and the mortality was 21.8 per cent. There is a decided drop in the percentage you see—from 34.2 to 21.8. That gives you some idea of the proportion of cases, some 12 or 13 per cent., that used to be conjured into their graves by the medicine-man of the good old days—cases that, if let alone, would have recovered. But in saying that, I may be exaggerating. I will explain what I mean. It might be urged that the pneumonia of recent years has been of a less virulent strain than that of sixty or seventy years ago. I do not think that that is so; for, if it were, the homœopathic mortality ought to have declined even from the low rate of Fleischmann, *viz.*, 3.5 per cent., which is not the case. Such statistics as there are point, rather, to a slight increase. In the summer of 1910 I compiled for use at the Homœopathic Congress held in that year at Tunbridge Wells the records of the previous one hundred consecutive cases of pneumonia treated in the London Homœopathic Hospital. Of these hundred cases 93 were cured and 7 died. That is a mortality of 7 per cent. This is a slight increase on Fleischmann's percentage. But in any case the discrepancy between Allbutt's "expectant" mortality of 21.8 per cent. and the homœopathic mortality of 7 per cent. is very remarkable. Our figures are really rather better than they appear. I will explain how. It is recognised that pneumonia is decidedly more fatal in young children than in adults. Now it happens that of the hundred consecutive cases that I collected exactly fifty were over the age of ten, and fifty were under the age of ten. Of the fifty cases under ten years only one died—a mortality of two per cent. only. This corresponds with the fact to which I shall refer later on, namely, that children respond even better to homœopathic treatment than adults do.

In order to make the comparison with Allbutt's figures (which refer to the decade between 1896 and 1906) more scrupulously fair, I have looked up the

records of pneumonia in our own hospital for the same period of years. From 1896 to 1906 we treated 366 cases of pneumonia, of which 47 died—a mortality of 12.8 per cent. Although for some reason the homœopathic mortality rose during this decade, it is nevertheless 12.8 per cent. as compared with a 21.8 per cent. mortality in all the London hospitals. I may add that it is a great mistake to suppose that serious cases do not come to our hospital. So far is this from being the case that in reality our death-roll is swelled by the admission of many cases that are virtually moribund.

Now let us test in another way this theory that the *vis medicatrix naturæ* is the sole and sufficient explanation of the homœopathic cures—a theory which, as coming from the allopaths, is of the nature of an appeal from Philip drunk to Philip sober. Pneumonia is a type of disease that tends to recovery in the majority of cases. But some diseases are of so fell a nature that it might almost be said that they tend naturally to a fatal conclusion. Asiatic Cholera is one of these. It is universally recognised that in an epidemic of cholera the mortality is extremely high. Osler says in his "Practice of Medicine" that the mortality is anything from 30 to 80 per cent. according to the virulence of the particular epidemic; that is, in the modern era of medicine when Philip is sober, not in the old era when he was exceedingly drunk, and when many deaths might plausibly be attributed to the intemperance of the physician rather than to any special virulence of the disease. If 30 to 80 per cent. is the allopathic mortality in the days of sober medicine, when the *vis medicatrix naturæ* has a free hand, how is it that Homœopathy, having, as they say, no real power at her back except this same *vis medicatrix naturæ*, is able, nevertheless, to show a mortality so enormously less? For so it is. I referred in my lecture of last December to the severe epidemic of cholera that raged in London in 1854, when the London Homœopathic Hospital, then located in Golden Square, was thrown open, like the other metropolitan hospitals, for the reception of cholera cases. Medical

inspectors, themselves allopaths, were allotted to all the hospitals. The nature of the cases, the treatment and the results were, therefore, checked by a quite unbiassed official. What was the result? Sixty-one cases of true cholera were treated at the Homœopathic Hospital, with a total of ten deaths—a mortality of 16.4 per cent. In the other London hospitals the mortality was 51.8 per cent., or more than three times as great. In the Naples epidemic of 1854-5 Dr. Rubini, following the recommendation of Hahnemann himself, who twenty-three years previously had stated that *Camphor* was the true remedy for the first stage of cholera, treated with *Camphor* 225 cases in the Naples infirmary, and in addition 166 soldiers of the 3rd Swiss Regiment—391 cases in all—without a single death. In the last cholera epidemic in Naples, which was in 1884, Dr. Rubini, then a veteran of eighty-four years, was absent from the town, but the medical men attached to the homœopathic dispensary in Naples treated eighty-three cases, with a mortality of 3.6 per cent.

The highest mortality percentage in these homœopathic statistics is that of the London Homœopathic Hospital in the 1854 epidemic, *viz.*, 16.4 per cent. Yet how much lower even that is than the allopathic low-water mark of 30 per cent., as given by Osler. Is it not, therefore, abundantly evident that the *vis medicatrix naturæ* is by itself quite inadequate to explain the low mortality that prevails under homœopathic treatment?

But there is an alternative explanation to the *vis medicatrix naturæ*, ready to the hands of those who are perplexed by homœopathic success. It is the *vis medicatrix suggestionis*, "the healing force of suggestion," which is the underlying reality of faith-cures, mind-cures, Christian science, the King's touch, *et hoc genus omne*. Not only, that is, does the homœopath interpose no obstacles in the way of nature's own reparative processes, but he actually hitches his waggon to one of the most dominant stars in the whole therapeutic firmament, not to the star of "Similaris" at all, but to the star of mental suggestion. He actually har-

nesses to his chariot—his unlicensed and unregistered car—one of the mightiest and subtlest forces of nature—the influence, in short, of the mind upon the body.

As long ago as 1839 Dr. William Cooke, who was one of the founders, and for over twenty years the Secretary, of the Hunterian Society, offered this explanation of homœopathic cures. The following argument he considered “irresistible.” “Pills,” he said, “made with inert substances, as flour, gum-arabic and starch, were given to patients who believed them to be homœopathic remedies, and the effects were such as are imputed to those remedies by the credulous patients. These experiments and others made in Paris to ascertain how far Homœopathy had claim to public confidence tend to prove that, where any effects are produced, they are to be ascribed to the influence of the imagination.” I remember as a child hearing one of my elders say that a doctor of divinity might be a great donkey. I have since learned that doctors of anything, whether divinity or law or medicine, are very often guilty of absurdities that are quite patent to the man in the street. We might have believed it possible that such methods of proving or disproving the truth of homœopathy should have seemed plausible to the science of the Neolithic age. But that scientific men less than eighty years ago should have committed themselves to such preposterous futilities is almost beyond belief. At least it would be, if we were not too painfully familiar with the blinding force of prejudice. But for that we might go the whimsical length to which Carlyle went in speaking of Darwin, one of his *bêtes noires*—he called him “a man of very little intellect.”

Well, are homœopathic cures due to suggestion? Is it the fact that our patients have a firm belief that the medicine is going to do them good and that they are cured as a result of their strong faith? If we are to be candid, I think we should frankly admit that many so-called homœopathic cures are really faith-cures. You can suggest a man into an illness. You can suggest him back to health. I remember, when I was at Cambridge, hearing of a prank played by a



number of men upon one of their fellow under-graduates. It was agreed that one after another they should meet him in apparently an accidental way, and should pretend to be greatly shocked at his altered appearance. "My dear chap, how ill you look!" said the first one. "Oh, no, I'm all right, thanks," was the reply. "You're looking queer," said the second one, "don't you feel quite well?" By the time the sixth man had conveyed to him the reassuring intimation that he looked very seedy, the poor victim became himself convinced of its truth and, feeling very ill, got back to college as quickly as possible and went to bed. Hack Tuke tells the story of a French nobleman whose friends bandaged his eyes and pretended to bleed him to death. They pricked the skin and caused a stream of warm water to trickle down his arm. The victim, mistaking the warm water for his own vital fluid, and hearing at intervals such remarks as "He is getting faint," "The heart's action is getting feebler," "The pulse is almost gone," did actually die of cardiac syncope without the loss of a drop of blood. Two doctors in a New York hospital told the patients in a ward that owing to a mistake of the dispenser's they had taken an emetic instead of their usual mixture. A large number of the patients were at once seized with vomiting. This was done purposely, but doctors have need to beware lest inadvertently they suggest complaints to patients who have not had them before. The story is told (it sounds just a little bit "invented") of a lady who had given up consulting doctors because they always made her worse. A grave and learned physician, she said, would fix her with a glittering eye and say with a solemn and sepulchral voice, "Where is your pain?" And she would reply, "Sir, until this moment I had no pain, but now you make me ache all over." A case of locomotor ataxy recently under my care reminded me of a story told by Rudyard Kipling of a soldier suffering from locomotor ataxy, who was able to pull himself together as long as there was fighting to be done, but quickly went to pieces when the surgeon invalidated him home. This seems to me quite possibly a true picture, and certainly Kipling

is a very acute observer. My own patient was a railway guard, and though he had never complained of difficulty in boarding a train in motion I felt that my responsibility was too great and I made him give up his work.

Some people have even alleged that by mental concentration they could think or wish a person to death. I think it was Anna Kingsford who claimed to have caused in this way the death of the famous Pasteur. She hated him (as Macaulay said he hated Croker, "worse than cold boiled veal") because he practised vivisection, and she therefore determined to wish him to death. And he certainly *did* die, but whether as the result of Anna Kingsford's concentration of purpose it is not for me to say. I remember that the Chicago faith-healer, John Alexander Dowie, said publicly that nobody could oppose him and the movement he represented without paying the forfeit of his life. He alleged in evidence that the evangelist Moody strongly opposed him and his claims, and then almost immediately died. I myself, about the time that Dowie first came to this country, wrote several articles in a leading weekly about Dowie and Dowieism, which very much incensed Dowie. My friends watched me with an anxious interest, fearing, I suppose, to see my flesh consume from my bones. But, as in a classical poem, no one seemed a penny the worse. This, I admit, is something of a digression. If Anna Kingsford's claim had anything in it, all I can say is that murder is murder, whether it be done by mental concentration or by the more material concentration of a six-shooter.

The influence, however, of the doctor's personality, or of the patient's profound belief in the doctor or in his remedies, is a factor that must be steadily reckoned with in assessing the value of so-called homœopathic cures. A new form of treatment often inspires faith in the heart of the patient. Sir Francis Cruise, Physician to the King in Ireland, tells how, when he was a young man, he experimented on cardiac cases in the wards of a Dublin hospital with an early form of sphygmograph (an instrument for recording graphically the movements of the pulse). Many of the patients

were greatly benefited by it. One man, incurably ill with phthisis and dilated heart, improved considerably with treatment and rest, but assured inquirers that what did him most good was the appliance that the young doctor used to put round his wrist. I believe that some patients come fresh to Homœopathy, through the recommendation of enthusiastic friends, with great hopes and a faith (unreasoning, if you like) in the new system. I was called once to see a very advanced case of cancer of the breast. The skin was involved in a fungating mass. The pain was severe, and for some time under allopathic treatment she had been having *Morphia* regularly. I was not very sanguine, but I hid my doubts. I said we would try to dispense with the *Morphia*, and I gave her *Radium Bromide* 30. For the few remaining weeks of her life she needed no morphia at all—the pain completely disappeared. It is not unfair to suggest that the alleviation was due to the drug, because we know that *Radium* has some affinity for malignant growths. At the same time it is possible that my suggestion that the *Morphia* would not be necessary, and the patient's faith either in me personally or in the system that I represented were the real operating factors. Dr. Lloyd Tuckey mentions the case of a doctor who used hypnotic suggestion for the relief of cancer patients and others. Some of these patients, after being hypnotised once with satisfactory results, had to go to a distance, out of the doctor's reach. To such it was his habit to give a bottle of tincture of *Valerian*, without telling them what it was, and to say, "Take a dose of this if the symptoms recur." Excellent results are stated to have followed the exercise of that "simple faith" which, for therapeutic purposes, is very much better than Norman blood. I have seen very remarkable results proceed from a single dose of *Thuja* 200 administered by the dispenser to an outpatient who also received a box of little tablets to take home. The single dose effected such an internal turmoil that it was with great difficulty, and in a state of collapse, that the patient reached home. The unreflecting homœopath might cite this as

illustrating the extraordinary power of a minute dose administered on homœopathic principles. It might, of course, illustrate such power, but the inference would be precarious. The dose, standing in a splendid isolation, not to be taken in an ordinary way according to ordinary instructions, but to be consumed on the premises, and under the very eye of authority, may act by other subtle forces than those of homœopathy. That this is so is shown by the fact that a single dose of mere sugar of milk, administered with the same pomp of attendant circumstances, has been known to produce such a paralysis of the vital forces that a taxicab has been requisitioned to carry the patient home. In Mohammedan countries, I believe, many patients are cured by pills made of paper on which are written texts from the Koran. Some of our patients can almost see stamped upon the little white tablets that they receive the magic words "*Similia Similibus Curentur.*" "*In hoc signo vinces.*"

But do the doctor's impressiveness and the patient's susceptibility to impressions constitute a sufficient explanation of homœopathic cures? Hardly. You may take off a discount on this score, if you will, and especially if you are in the true apostolic descent from Thomas called Didymus; but there still remain an enormous number of cases quite inexplicable upon this theory. In illustration I will take a case that has occurred in my practice within the last three years. A young married woman who had suffered a long time from dyspepsia, and whom neither Nature unaided nor her other physicians had been able to cure, came to me. She said she had been recommended by a friend to try me. She showed no enthusiasm about Homœopathy, and was not in the least sanguine. When I gave her a little bottle, with directions about a few drops to be taken so many times a day, her astonishment was not flattering to my powers of suggestion. "That little bottle!" she cried. "What ever good can that do?" "Well," I said, "you take it, and then come and see me again." She returned in a short time and said she was quite well. "But," she added, "I never thought that those little drops could do me

any good." The cure held good, for two years at least. There is a case of obstinate indigestion that had proved refractory to other treatment and was ultimately cured by Homœopathy in the face of marked unbelief. That story I consider edifying. But the sequel is also edifying. Two years later she had a slight relapse and returned to me. "When I first came," she said "I did not think those little drops could be of the slightest use, but I know better now. I should like some more of that medicine that you gave me before." Well, I gave her some more and she got all right. Now I daresay that at that second visit her faith in me and my medicine, which was as strong as her previous want of faith, may have been a very important factor in the cure. I gave her the same medicine as on the previous occasion, but I think it is on the cards that, if I had given her sugar of milk, she would have got well just the same. I don't know; I only think it possible that in the second case she was unconsciously recalling past impressions. Cases are recorded of patients accustomed to anæsthetisation who have succumbed to a dry face-mask. A remarkable story, quoted by Dr. Lloyd Tuckey, is told by the anæsthetist, Mr. Woodhouse Braine. Having to administer ether to a hysterical girl with a view to the removal of two sebaceous tumours of the scalp, Mr. Braine found his ether bottle empty. There was not even the odour of ether in the inhaling bag. While a fresh supply of ether was being obtained, Mr. Braine thought to familiarise the patient with the process by putting the bag over her mouth and nose, and bidding her breathe quietly and deeply. After a few inspirations the girl cried, "Oh, I feel it, I am going off," and a moment later she became unconscious. As she was found to be quite insensible and the ether had not yet come, Mr. Braine proposed that the surgeon should proceed with the operation. One tumour was removed without in the least disturbing her. Then, in order to test her condition, a bystander said she was coming to. Upon this she began to show signs of waking. The bag was once more applied, with the remark, "She'll soon be off again." She immediately lost consciousness,

and the operation was successfully completed—in the hypnotic sleep. The explanation was that the girl had taken ether three years before, and that the expectation of being anæsthetised as well as the use of the apparatus had proved sufficient to excite her recollection and recall the effects of the drug as then experienced. Similarly the cure of my patient's slight relapse into dyspepsia might be ascribed to an unconscious "suggestive" recalling of past impressions. But the cure of the original condition was a pure result of Homœopathy.

There is another class of cases in which not only is the unaided *vis medicatrix naturæ* little likely to be the cause of cure, but the *vis medicatrix suggestionis* is precluded by the conditions of the case. Take, e.g., a case of septicæmia in which there is prolonged high fever and delirium. A patient in that state is not susceptible to suggestion. A girl of sixteen had a large carbuncle on the face, involving the facial vein and producing a condition of general septicæmia. She was under the care of a homœopath. As her condition was desperate, a very distinguished man, still living, was asked to see the case in consultation. He saw the girl and said confidentially to the practitioner in charge, "necessarily and hopelessly fatal." But the homœopath had a shot or two in his locker that the eminent surgeon had not reckoned with. He gave the girl *Rhus. tox.*, and she made an excellent recovery. Into that sort of case the patient's faith and imagination are factors that do not enter.

Again, do you think the *vis medicatrix suggestionis* a very plausible explanation of the following story, so graphically told by the chief actor that I transcribe it in his words. Dr. Holcombe, of New Orleans, was converted to Homœopathy by cholera. In 1849 his city was devastated by the overflowing scourge. The mortality was so awful and treatment apparently so futile that he made up his mind to try Homœopathy, although he had been wont to describe it as "the most gigantic humbug of the day." "I got," he writes, "a little cholera case, containing six little vials of pellets, and a printed chart of directions

I awaited my next patient like a hunter watching for a duck. I was called up in the middle of the night to see a poor fellow, said to be dying of cholera on a flat-boat which had just landed. I found him collapsed; he was cold and blue, with frequent rice-water discharges, and horribly cramped. His voice was husky, pulse feeble and fluttering, he was tossing about continually, begging his comrades to rub his limbs. I immediately wrote a prescription for pills of *Calomel*, *Morphine* and *Capsicum* and despatched a messenger to a drug-store. This was to be my reserve corps—ready for use if the infinitesimals failed. I consulted the printed directions; they ordered *Cuprum* when the cramps seemed to be the prominent symptom. I dissolved some pellets in a tumbler of water, and gave a teaspoonful every five minutes. I administered the simple remedy, apparently nothing, with incredulity and some trepidation. 'I had no right,' said I to myself, 'to trifle with this man's life. If he is not better when the pills come, I will give them as rapidly as possible.' The messenger had gone for the pills a good way up town. He had been obliged to ring a long while before he could rouse the sleeping apothecary, and it was quite three quarters of an hour before he rushed on the boat with the precious allopathic parcel. My patient had become quiet; his cramps had disappeared; and he was thanking me in his hoarse whisper for having relieved him of such atrocious pains. The allopathic parcel was laid on the shelf. I consulted my printed directions again. *Veratrum* was said to be specific against rice-water discharges and cold sweats, which still continued. I dissolved a few pellets of *Veratrum*, and ordered a teaspoonful every ten or fifteen minutes, unless the patient was asleep. Before I left the room, however, an allopathic qualm came over me, sharp as a stitch in the side, and I left orders that if the man got any worse the pills must be given every half hour till relieved, and I might have added 'or dead.' I retired to my couch; but not to sleep; like Macbeth, I had murdered sleep, at least for one night. The spirit of Allopathy, terrible as a nightmare, came down fiercely upon me, and would not let



me rest. What right had I to dose that poor fellow with Hahnemann's medicinal moonshine when his own faith, no doubt, was pinned to *Calomel* and *Opium*, and all the orthodox pills, etc., etc. ? I had not told him I was going to practise Homœopathy on him. His apparent relief was probably only a deceitful calm. Perhaps he was at that moment sinking beyond all hope, owing to my guilty trifling with human life. He was a drowning man calling for help, and I had reached him only a straw. I was overwhelmed with strange and miserable apprehensions. I longed for the morning like a sick man, for I was sick in conscience and at heart. I left my bed of thorns at day-break, and hurried to the boat, trembling with fear that I should find the subject of my rash experiment cold and dead. He was in a sweet sleep. The sweating and diarrhœa had disappeared, and a returning warmth had diffused itself over the skin. He was out of danger, and he made the most rapid convalescence I had ever witnessed after cholera. I was delighted ; a burden had been lifted from my heart, a cloud from my mind. I began to believe in Homœopathy. I felt like some old Jew who had witnessed the contest between Goliath and David. How amazed he must have been when the great giant, who could not be frightened by swords or bludgeons or brazen trumpets, fell before the shepherd boy, armed only with a little pebble from the brook." Here ends Dr. Holcombe's narrative. What, I ask, has the *vis medicatrix* of mental suggestion or faith-curing to do with this ? And as for the *vis medicatrix naturæ*, I would remind you again that severe cases of Asiatic cholera die if they are not treated, and only too often if they are.

But the rocks on which this theory of the *vis medicatrix suggestionis* most decisively breaks are small children and the lower animals. Neither of these classes of animate nature is open to suggestion. In speaking of the homœopathic cures of pneumonia I have referred to the case of children. From our latest pneumonia statistics it would seem that children attacked with pneumonia do even better than adults. Indeed, children illustrate more perfectly than adults the effects

of medicines administered on the homœopathic principle. Their cure is much more certainly than the cure of adults a pure drug-result. Instances might, of course, easily be multiplied. Only a week or two ago I saw a child of two who had been brought to me about three weeks previously for obstinate constipation, dating from birth. Upon interrogation of the grandmother there did not appear to be anything wrong with the diet and general hygiene; that had very likely been seen to by former physicians. I could not rely on the *vis medicatrix naturæ*; for chronic constipation, if left to nature, does not improve but gets worse. I could not rely upon the child's confidence in me; for the child howled most horribly at the sight of me—so much so, indeed, that I was fain to pack the little fiend and her grandmother out of my dispensary as quickly as possible. I fell back upon Homœopathy. I gave the child *Calcareæ carbonica*, and I fear that, if the truth were to be told, I hoped I should never see the child again. But she came again after about three weeks. She started howling again as soon as she saw me. There was still a regrettable absence of "simple faith" in her. But the grandmother told me that in thirteen days out of the last fourteen the bowels had acted naturally and easily. I am not saying that that child is cured. I tell the story to illustrate the sensitiveness of children to medicine rationally administered.

One more story relating to children. Dr. Holcombe, whose remarkable experience in the treatment of cholera I have just given you, had once before come in contact with Homœopathy. He was called to see "a fine plump little boy suffering with the worse form of membranous croup." I am quoting Dr. Holcombe's words. That was more than seventy years ago. We should certainly understand this nowadays to signify diphtheria. Well, Dr. Holcombe tried this and he tried that, and the child got worse and worse till his case seemed absolutely hopeless, and he sank into a "stuporose condition with dilated pupils and congested brain"—again I use the doctor's own words. As a desperate resort, Dr. Holcombe wanted to bleed him.

The mother refused, and sent for a homœopath. Dr. Holcombe says, "I was dismissed, not at all sorry that I had escaped the charge of a death which I deemed inevitable. . . The next day I expected to hear of the death of my little patient, but no such rumours reached my ear. The morning after I looked in the daily paper for a general invitation to his funeral, but no obituary was to be found. I was puzzled. I was determined to know who my skilful successor in the case was. Imagine my amazement when I saw the child playing in his father's yard about the middle of the day! [If I had been the homœopathic attendant I should have been not only amazed, but much displeased, at the child being allowed up so soon, but that is by the way.] I was informed that a homœopathic physician had been summoned, that he had put a towel wrung out of cold water around the child's neck and some little sugar pellets on his tongue. The pellets were repeated every fifteen minutes until the breathing became easy, the cough loose, and the patient roused up, from which time the convalescence was rapid."

I propose now to refer briefly to the effect of Homœopathy on domestic animals. The late Dr. John Epps said on one occasion: "I treat my horses always with homœopathic medicines and in millionth of a grain doses, and they have had no medicines but homœopathic for the last seven years; and I have not lost a horse." An intelligent layman, a friend of mine, who for years past has used a number of horses in his business, was telling me the other day of some remarkable cases in which he had cured his own horses with medicines administered homœopathically. I may say that my friend himself was converted to Homœopathy nearly forty years ago. The argument that convinced him was a very cogent one—to him. He was restored to health by a homœopathic prescription after half a dozen allopaths had given him up. The allopaths said: "Make your will and go to Torquay." The homœopath at Torquay said "Take *Aconite* and *Phosphorus*, or die in a fortnight." His complaint would appear to have been an unresolved pneumonia,

and what we should now call a commencing pneumococcal septicæmia. He took the *Aconite* and *Phosphorus*, and in a fortnight's time, instead of being carried to the cemetery, he rowed a boat from Torquay to Coombe Cellars and back—a distance of seven miles. Now the scene of this story is undoubtedly, in a figurative sense, somewhere between Dan and Beersheba, but it is not merely for that reason that I tell it, but because it supplies the key to the following story :

One of my friend's horses was ill with pneumonia and pleurisy, his ears were down, his knees were bent, he was dribbling from his nose and couldn't eat; the vet., who was a clever man and well known in his profession, said that nothing could save the animal, and that it would die that night. "Well, doctor," said my friend, "tell me your diagnosis and put it in language that a human being can understand." Well, the vet. told him. "Oh," said my friend, "I've had all those." The vet. laughed. "Well, what of that?" he asked. The owner of the horse replied, "Come as usual every day, and see the horse." "Oh, he'll be dead to-morrow," was the vet.'s reply. Mr. D. sent off at once to get his old Torquay prescription made up; for he thought that what was sauce for the owner was sauce for the owner's horse. Having got the medicines, he put two men to sit up all night with the horse and give him the medicines in alternation. Next day the horse was picking in his manger. He was very soon quite well, and three months later the vet. was wanting to buy him.

My friend's next experience in the homœopathic treatment of horses was on this wise. He went to a dealer to look at some horses. There was one mare in particular that took his fancy, but she had a nasty yellow discharge from the nostrils. The vet. who accompanied my friend said, "It's not glanders. I think I can put the animal right." The dealer said, "Well D., take the mare for three months on trial. I know you'll feed her well. The price is £33—half her real value, because I can't cure her." For three months Mr. D.'s vet. tried to cure the mare, but without success. At last he came one day with his instruments

to "trepan" the mare—that is, to remove a round piece of bone, so as to be able to clean out the nostrils every day. "No," said Mr. D., "if you can't cure her, I'll send her back." "Well," replied the vet., "I've given her *Arsenic* enough to kill everyone in the neighbourhood." "What do you call the animal's complaint?" asked Mr. D. "Oh, it's nasal gleet." Thereupon Mr. D. went off to Paddington to consult a homœopathic vet. "Oh," said he, "Give her *Pulsatilla*." "What, the same as you give to children with measles?" "Yes," replied the vet., "here is a 2 oz. bottle; take that." Mr. D. paid his guinea, went home, and dosed the mare with *Pulsatilla* according to the directions. In a fortnight the mare, who was really (my friend tells me) a beautiful animal, was quite well, and she worked for years, taking up to two tons anywhere.

With the next story I conclude these veterinary anecdotes. A horse caught his foot in the tram lines and pulled his hoof off. Mr. D.'s vet., who by this time knew him and his homœopathic proclivities very well, said, "Well, Mr. D., whatever you *can* do, you can't put a new hoof on him. Better have him killed at once." But the horse was a fine, valuable beast, and my friend, who is nothing if not a "trier," said, "Sling the horse up." They slung the horse up and lifted the injured foot out of the half-tub of hot water in which it had been placed. The bone was bare and septic-looking, and there was a copious discharge of yellow and green matter. Mr. D. said "Let it be. The animal shall go on spare food, with *Silicea* every half hour, and two men shall take turns to stay with it night and day." By the second day the purulent discharge had greatly diminished, and a few days later the flesh, as my friend puts it, began to form round the naked bone just like the bark round a poplar that has been badly bruised. After a week or two the horse was taken out to "saltings"—that is, to the fields by the riverside, from which it came back in about three month's time with a short hoof. It was shod, and for years afterwards, without a sign of lameness, it drew a van behind it, often loaded up to two tons.

My efforts to-night have been directed not so much to proving directly the truth of Homœopathy as to exposing the fallaciousness of some of the pleas by which it is sought to "explain away" the cures of Homœopathy. Incidentally I have furnished certain statistics of treatment on a large scale and some striking instances of drug-cure, which, I submit, do at least establish a case for investigation. As homœopaths, we desire that Homœopathy should be investigated. We do not particularly mind ill-will or hard words, if only our opponents would first of all take the trouble to examine our system thoroughly. The Athenian statesman, Themistocles, when threatened with a stick by a political opponent who dreaded his arguments, uttered the memorable exclamation Πατάξον μὲν, ἀκούσον δέ ("strike, but listen"). We might say the same to our allopathic opponents—"strike but listen." We would offer the other cheek if they would only lend us their ears.

In the very early days of the Christian era, when Christianity, although it had grown out of Judaism, yet seemed to the orthodox Jew a revolutionary novelty, the Jews of a certain place were selected by the writer of the Acts of the Apostles for special and unusual praise on account of a very special and unusual virtue—the willingness to investigate dispassionately and diligently what was contrary to their inherited and ingrained prejudices.

"The Jews of Berea were more noble than those in Thessalonica, in that they searched the Scriptures daily whether these things were so." The Bereans showed a truly scientific spirit. Would that the scientific men of the medical world to-day showed a truly Berean spirit!

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### A CASE OF HYPOPYON ULCER.

By DONALD RENTON, M.B., Ch.B.

I. L., stonebreaker, applied for treatment at O.P.D. Buchanan Hospital, St. Leonards-on-Sea, suffering from corneal ulcer, the result of an injury sustained at his work.

The ulcer was fairly extensive, in the prepupillary area of the right eye and was accompanied by a moderate amount of ciliary and conjunctival injection.

This steadily got worse despite treatment, and he was advised to come into hospital. This he declined to do at first, but a few days later he commenced to have pain in the left (uninjured) eye, suggestive of sympathetic ophthalmia. This alarmed him, and he was persuaded to enter hospital. At this stage there was intense ciliary and conjunctival congestion, marked irido-cyclitis and severe photophobia, pain and chemosis. There was a large quantity of pus in the anterior chamber and the whole aspect suggested acute infection. So much so that despite the fact that "pus" in this region is usually sterile, it was decided to perform paracentesis.

Next morning, therefore, under a general anæsthetic, I opened the anterior chamber at the lower margin of the limbus, and evacuated a large quantity of pus. The A.C. was washed out with saline, and this was repeated on the following day.

The patient made a good recovery for some time, and ultimately, after the removal of several carious teeth, he was discharged.

On dismissal there was a slight central nebula which is rapidly clearing up under the influence of *Ung. Hydr. Ox. flav. dil c Atrop.* with *Merc. Sol.* and *Bell.* internally. There are no remaining traces of iritis, no synechiæ and only slight conjunctival injection. The pain and discomfort have also gone from the sound eye, which rather negatives the idea of sympathetic.

The interest of this case lies in the somewhat unusual treatment, for it is generally advised to allow pus in the A.C. to absorb. The pus in this case, on being examined, swarmed with pneumococci, which organism is very frequently found in these eye conditions. If left it would, undoubtedly to my mind, have resulted in a panophthalmitis with total loss of the eye and probably sympathetic ophthalmia.

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## SOME CLINICAL EXPERIENCES EMBRACING TREATMENT.\*

BY LEON BRASOL, M.D.,  
St. Petersburg.

### A CASE OF PHAGEDAENIC ULCERATION OF THE THROAT CURED BY KALI BICHROMICUM.

BEFORE speaking of the history of the case which I am going to report, I shall take the liberty of saying a few words concerning the therapeutic method on which the observations of the case in question were based.

In my early homœopathic practice I frequently imagined myself in the presence of our irreconcilable opponents, and often asked myself, how can a sceptic be convinced of the efficacy of Hahnemann's principle, *similia similibus curantur*, i.e., *that various pathological conditions are cured by such medicinal agents as are capable of causing a pathologically identical, or most similar, disease in a HEALTHY organism.*

This question forms part of another, more general question, *viz.*, is there any criterion, and if so, then what for judging of the efficacy of any system of therapeutics.

The merit of any therapeutical system may (and must) consist solely in the practical results obtained by its application in the sick-room. In this respect, the action of medicines in general, and of those prescribed according to the law of similars in particular,—in certain pathological conditions is in some cases so clear, obvious and striking, that the physician's attention is at once and directly drawn to the idea of the *curative* action of the respective medicine. And if the same therapeutic effect is repeated in analogous cases every time with invariable regularity, i.e., if the direct result of the administration of the remedy is the patient's recovery or amelioration, or an undoubted acceleration thereof, i.e., a distinct curtailment of the normal cause of the disease,—then a *causal* interaction between the remedy and the organism is highly prob-

\* This Paper was presented to the International Congress. In the published *Transactions*, the exigencies of space necessitated some omissions, but the paper is printed here (and will be continued in future numbers) as it was originally written.—[ED. H.W.]



able, in the sense that the recovery has been the natural and necessary consequence of the action of the remedy. The degree of such probability is naturally greatly increased when the same observations, with the same results, are confirmed by numerous observers at different times and different places. This is the way in which the personal convictions of physicians have been, and are, formed, concerning the efficacy of certain, so called specific and empiric remedies, *e.g.*, China bark (*quinine*) for intermittent fever, *Mercury* and *Iodine* for syphilis, *Iodine* for scrofula, etc. In the same manner, every practising physician, who has undertaken to verify experimentally Hahnemann's principle, conscientiously, with a love of truth, if adequately prepared in *Materia Medica*, has very soon been irrevocably convinced, that a multitude of pathological processes are cured *cito, tuto et jucunde*, by such medicinal substances as cause, in a healthy human organism, a totality of clinical symptoms highly similar to the natural disease in question. Thus, by means of personal conviction, the army of homœopathic physicians goes on steadily increasing from year to year all over the world.

But the physician's personal convictions as to the efficacy of one system of curing, or another—convictions based on the obviousness of medicinal action—are not yet sufficient to convince others, especially if the observations on which his personal convictions are based have not been subjected to arithmetical metamorphosis. When, however, all the special data of such observations have been turned into figures, then the *statistical* method comes into action; and if this be applied to a great number of observations on the efficacy of any therapeutic system whatever, in analogous pathological processes, then it (so to speak) sanctions the direct personal convictions of the physician, and acquires a certain obligatory force over the minds of even sceptical observers. And while fully acknowledging the difficulty of finding two completely identical pathological processes, and while in no way denying the difficulties experienced in the elimination of the influence of chance, age, nutrition, constitution,

etc., on the issue of one pathological process or another, and while clearly perceiving all the unsatisfactoriness of the statistical method, as applied to the classificatory and conventional nosological schemes,—nevertheless, one cannot wholly deny the importance of medical statistics in comparative therapy; and that therapeutical system must be accounted best which yields the greatest percentage of recoveries, and the lowest percentage of deaths, in analogous and equipollent pathological cases.

Comparative experiments in allopathic and homœopathic therapy, undertaken in well-organized hospitals, with the observance of the conditions necessary for comparison, under the control of expert and impartial physicians, have already many times shown the superiority of the homœopathic system over all others, in many serious and dangerous diseases, such as cholera, dysentery, yellow fever, pneumonia, etc. On the grounds of such comparative results, some foreign Life Insurance Companies have made a reduction in their rates when insuring persons who undergo homœopathic treatment. In any case, medical statistics, such as they are, are not against this system, but, on the contrary, greatly in its favour. But as statistics are not held in very great esteem among physicians, and as all the brilliant results of homœopathic treatment are generally ignored by doctors, or explained away, I usually have recourse to the following therapeutic method, which makes it possible in every concrete case to prove, demonstratively and experimentally, first, the truth of our guiding therapeutic principle *similia similibus*, and secondly, the therapeutic efficacy of very small and infinitesimal doses. This method, as far as I am aware, was first suggested by *Grusewski*,\* in the sixties of the nineteenth century, and is as follows: The medicine is prescribed to the patient according to the law of *similia similibus* and in the potency corresponding to the individuality of the case, of the patient and of the drug. There is a

\* *Vespasian v. Gruzewski. Ueber die Incompetenz der Berweise für und wider die Homöopathie gegenüber der Conditio sine qua non um die ganze homöopathische Streitfrage zu lösen.*

decided improvement in the patient's condition. In order to find out why improvement immediately followed the administration of the medicine, it is necessary *intentionally* to discontinue the administration of the medicine, until there is a fresh aggravation, or until the progressive improvement is arrested. If in this case a second administration of the medicine is again followed by an evident and marked *improvement*, the probability of the *causal* dependence of the improvement on the action of the medicine is very great, and with every fresh repetition of this experimental verification, followed by an invariably identical result, the degree of such probability increases, and approaches mathematical certainty. In order to eliminate the influence of imagination in adult and suspicious patients, the latter are not initiated into the secret of such an experimental verification, and during the discontinuance of the medicine, the patient receives either pure alcohol or sugar of milk under the guise of medicine (*Placebo*), according to whether the medicine had been prescribed in dilution or trituration.

On May 2nd, a peasant woman, Martha Y., aet. 22, applied to me and complained of pain when swallowing, and great pain in the lumbar region. The patient's nasal pronunciation and a slight hoarseness in her voice at once attracted my attention. On examination, I found intense redness and *ulceration* of both tonsils; a partial *defect of the uvula*; a small *suppurative ulcer* (about the size of a millet seed) on the hard palate, and a *defect of the nasal septum*. *Ozæna*, with a thick, purulent discharge. The cervical, occipital and sub-maxillary glands were enlarged. The other glands were not perceptibly enlarged. There was no cutaneous eruption. The sexual organs were not examined, as the patient would not consent to that, but she declared positively that there was no eruption or ulceration whatever on her sexual organs, nor had there been any. Menstruation in order. Anamnesis was negative, as is mostly the case with peasants, especially the females. Nevertheless, the idea of syphilis forced itself on me. According to the patient's account, she had been in that state for about two months, and was

steadily getting worse. In all cases of established or suspected syphilis I usually begin the treatment with *Mercurius corrosivus* in one of the three first decimal potencies, and if the sublimate is the individually specific remedy for a given case, the tendency to improvement shows itself from the very first days after administration. Should the first decimal potency of *Merc. corr.* not prove efficacious within a maximum period of fourteen days, I do not persist in giving it, but try other specific remedies.

On *May 2nd*, I prescribed *Merc. corr. 2x*, three times a day, in doses of five drops, and told the patient to come again in a week.

*May 9th.*—Progressive *aggravation* both of objective and of subjective symptoms. The pain in swallowing was greater, the pains in the lumbar region were intolerable. On swallowing water, it was rejected through the nose. On examining the patient, I saw that the ulceration had made great progress; all that remained of the uvula was a little stump; the ulceration of the tonsils was deeper and dirtier; the ulcer on the hard palate had increased to the size of half an inch in diameter and presented malignantly suppurating and unclean edges. The *ozæna* had increased. It was clear that further delay was impossible, for the whole process had assumed a very malignant form. *Mercurius corrosivus* had proved unfit for the present case, and it was necessary to turn to another specific remedy.

One of the most valuable of such remedies is *Kali bichromicum*. This remedy has a specifically-selective action (1) on the *skin*, where it causes a cutaneous eruption, principally in the form of pustules and papulæ, which are often taken for syphilitic, and likewise of ulcers which leave a depressed cicatrix on healing; (2) on the *mucous membrane* of the mouth, nose respirative and digestive organs, where it causes inflammation with a tendency to *suppuration*; (3) it has likewise an undoubted tendency to cause a destructive *ulceration of the nasal septum*, and to bring on various osseous and rheumatoid pains in different parts of the human body.

The similarity between the pathogenetic symptoms of *Kali bichromicum* and the respective symptoms of the case in question, as likewise the clinical observations on the efficacy of *Kali bichromicum* in many cases of syphilis, led me to choose this remedy.

On *May 9th* I prescribed *Kali bichromicum* 3x, three times a day, five drops to the dose, and told the patient to come again in a week.

*May 16th.*—Decided improvement in all subjective symptoms; the pains of which the patient chiefly complained, *i.e.*, in the lumbar region, and those felt in swallowing, were considerably less. The objective symptoms were likewise more favourable. The dirty and purulent appearance of the ulcers of the buccal cavity had perceptibly improved; the edges of the ulcer on the hard palate presented a clean, granulating surface. There was still some difficulty experienced in swallowing water, and it was still rejected through the nose, though in a lesser degree. The ozæna had diminished. Prescribed *Kali bichrom.* 4x, five drops three times a day.

*May 23rd.*—Patient still better. No pain in swallowing. Water not rejected through the nose. The discharge of stringy and fetid pus from the nose had almost ceased. The tonsils, the stump of the uvula and the ulcer on the hard palate showed a clean, granulating surface with decided tendency to heal; the circumference of the ulcer on the hard palate had perceptibly diminished to less than half the size. Total cessation of lumbar pains. Voice less hoarse. The patient rejoices at the improvement and of her own accord asks to have the same medicine given her again, to which I seemingly consent. But now, *experimenti causâ*, under the form of medicine, pure *alcohol* is given her, to be taken three times a day, five drops at a time; and she was told to return in a week.

*May 30th.*—The improvement went on until May 26th, and then the symptoms seemed to grow worse. Again there was uneasiness in swallowing, increased discharge from the nose, and greater hoarseness. There was no perceptible aggravation of the objective symptoms, but neither was there any improvement.

The patient was told to continue taking her drops, and to come again in four days.

*June 4th.*—A decided aggravation both of subjective and in objective symptoms. The pain in swallowing almost as bad as before, and ozæna worse. Again there was suppuration and a dirty deposit on the ulcerated surfaces of the buccal cavity. The stump of the uvula completely destroyed. The ulcer on the hard palate, though not increased in size, was dirty and malignantly purulent in appearance. Prescribed *Kali bichrom. 4x*, three times a day, in doses of five drops.

*June 11th.*—The patient felt better after the first doses of medicine, and this improvement continued all the week, in full accordance with the results of objective examination, *i.e.*, an improvement and decrease of the ulcerated surfaces, cessation of ozæna, clearance of the voice. Prescribed *Kali bichrom. 5x*, twice a day, five drops to the dose.

*June 22nd.*—Improvement going on steadily. The patient did not complain of anything. Voice clear; the original nasal tone had improved considerably. The ulcer on the hard palate had healed completely, from the circumference to the centre, and now showed a whitish cicatrix. The ulceration of the tonsils was restricted merely to the inner edge of the left tonsil, where one could still see a narrow stripe, not yet healed over, but cleanly granulating; the right tonsil was quite healed. Prescribed *Alcohol*, to be taken twice a day, five drops at a time, and told the patient to come again in case she felt worse.

*July 4th.*—The improvement went on for a whole week. During the last few days there was some return of the pain in swallowing, and the discharge from the nose reappeared, though without being fetid. The nose was somewhat painful to the touch. An objective examination showed a redness of the pharynx and a dirty puriform deposit on the inner edge of the left tonsil. Prescribed *Kali bichrom. 5x* twice a day, in doses of five drops.

In the end of July I saw the patient in perfect health. All the local symptoms in the buccal cavity and nasal region had disappeared; the subjective symptoms had

ceased completely. It is worth noting, that within the course of the whole treatment *all the enlargement of the cervical and occipital glands had been completely absorbed*; only one of the submaxillary glands could be felt and even that was greatly reduced in size.

This case is a striking and obvious demonstration of the therapeutic action of *Kali bichromicum*, even when administered, not indeed in infinitesimal doses, still, in doses totally ineffectual from an allopathic point of view (3x.—5x potency =  $\frac{1}{1,000}$  to  $\frac{1}{100,000}$  gr.).

By means of exactly the same experiments, I have repeatedly been convinced of the therapeutic action of the thirtieth potencies. Now, if the action of a medicine, administered according to the law of *similia similibus* in an infinitesimal dose, can be clearly proved *even once*, by means of a strictly logical and scientific experimental method, then, from a logical point of view, the whole question in dispute is settled once for all.

Naturally, this method can be most conveniently applied in chronic diseases in hospital and clinical practice. The only thing to be said to an honest and conscientious opponent: "Macht's nach, aber macht's genau nach!"\*

(To be continued.)

CANE SUGAR IN MYOCARDIAL DEGENERATION.—Simon (Birmingham, England, Medical Review) reports the case of a woman aged sixty-six years, suffering from pronounced circulatory weakness due to myocardial degeneration, in which "extraordinary" benefit was derived from the ingestion of large amounts of cane sugar. The patient had been treated with *Strophanthus caffeine*, saline purges, and later, *Digitalis* and *Potassium iodide*, without much success, the dyspnœa, cyanosis, and œdema increasing until it appeared that she could not have many days to live. One ounce of lump sugar was then given morning and evening (later increased to four ounces per diem), with the result that the pulse became regular, its rate dropped from 110.125 to 88.96 and later to 72.84 a minute; the œdema disappeared, the patient became alert and active, and finally left the hospital entirely free of discomfort. He concludes that, given a suitable type of case, sugar is at least a valuable adjunct in the treatment of obstinate cases of heart-failure due to deficient heart muscle without valvular lesion.

\* "Imitate, but imitate exactly!"

## SOCIETY'S MEETING.

### BRITISH HOMŒOPATHIC SOCIETY.

THE fourth meeting of the session was held on January 2nd, the President, Dr. E. B. Roche, in the chair. After the minutes were read and confirmed, and petitions for admission to the Society announced, a letter was read from Dr. Tyler, thanking the Society for its vote of condolence on the death of Lady Tyler. Dr. Burford announced the death of Dr. Chalmers, and after a sympathetic review of the doctor's life, moved that a vote of condolence be sent to his daughter. Dr. Alexander seconded and the proposal was agreed to unanimously. The President and various members present discussed various points arising out of the working of the Insurance Act, and letters were read embodying the experiences of various Homœopathic doctors in relation to it. There was a general feeling that homœopaths were wise to endeavour to work with the provisions of the Act, although it was recognised that further local attempts must be made in order to enable our men to obtain consideration for their dispensing difficulties.

Dr. Fergie Woods then read his paper on "Suggestion in Therapeutics." He dealt with the subject historically first, and then reviewed the present position, indicating the diseases suitable for treatment by suggestion, and those refractory to it, and describing the modern methods of applying the treatment. Dr. Goldsbrough opened the discussion, which was of an interesting nature. The Dinner Club met as usual at the Holborn Restaurant.



## BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED).

### SUBSCRIPTIONS FROM DECEMBER 16TH TO JANUARY 15TH.

GENERAL FUND.						£	s.	d.
Dr. P. Hall-Smith	..	..	..	..	..	1	1	0
Miss Disney	..	..	..	..	..	1	1	0
J. R. Holliday, Esq.	..	..	..	..	..	1	1	0
Mrs. von Stralendorff	..	..	..	..	..	1	1	0
W. H. I. Pryer, Esq.	..	..	..	..	..	1	1	0
Miss Noble Taylor	..	..	..	..	..	10	6	
J. W. Canter, Esq.	..	..	..	..	..	10	6	
H. F. Fermor, Esq.	..	..	..	..	..	5	0	

DONATIONS.						£	s.	d.
C. Knox Shaw, Esq.	..	..	..	..	..	10	0	0
Dr. Byres Moir	..	..	..	..	..	10	0	0
E. H. Morton, Esq.	..	..	..	..	..	10	0	0
W. Lee-Mathews, Esq.	..	..	..	..	..	10	0	0
E. Ford Duncanson, Esq.	..	..	..	..	..	10	0	0

The Quarterly Meeting of the Council was held at Chalmers House on Tuesday, January 14th.

The usual Monthly Meeting of the Executive Committee was held at Chalmers House on Tuesday, January 21st.

The lamented death of Dr. Chalmers was made the subject of a vote of condolence with his daughter. The housing of the B.H.A. in Russell Square was only made possible by the generosity of Dr. Chalmers, and the house is named after him.

### POPULAR LECTURES.

The fourth lecture of the Winter course at Chalmers House will be given by James Johnstone, Esq., F.R.C.S., on February 17th. Mr. Ralph Collard will take the chair.

EXTRACT.

[From *The Lancet*.]

A PRELIMINARY NOTE ON THE EFFECT OF  
*SEMPERVIVUM TECTORUM* IN CANCER.

[TO THE EDITOR OF "THE LANCET."]

SIR,—For many years I have been much struck by the action of the juice of *sempervivum*, or common houseleek, upon warts. If the juice of this plant is well rubbed over the surface of a wart several times daily for a period of two or three weeks it will almost invariably remove the growth. This effect on the overgrowth of epithelial cells impressed upon me the possibility of its exerting a similar action if brought into direct contact with the cells of a cancerous growth.

I waited long for the opportunity of obtaining not merely a suitable case but also a patient willing to submit to the treatment suggested. It was, therefore, with no small satisfaction to me that in January of last year a typical case presented itself, and the patient proved to be an ideal one, as she took as keen an interest in the treatment as I did myself. The lady is 54 years of age. When she consulted me she stated that her left breast had caused her some anxiety for about twelve months, but she had hesitated to consult anyone on the subject. Upon examination I found the whole breast much enlarged, infiltrated with hard, scirrhus, nodulated masses, and the nipple deeply retracted. The axillary glands on the same side were also infiltrated and adherent to the deep fascia.

I advised her to see Mr. W. Thelwall Thomas, who kindly wrote to me the following day. He said: "This case is inoperable. The growth is very extensive. It is attached to the pectoral muscles, and the secondary growth in the axilla is fixed to the axillary vein and deeper structures."

I at once told my patient of the unfavourable report, and informed her that the only suggestion for further treatment that I could offer was a series of subcutaneous injections with a drug that I had found successful in the removal of warts. As she immediately consented to

submit herself to any treatment I desired, I asked Mr. J. R. Strick, of Upper Brighton, to prepare for me a sterile juice of *sempervivum*, and I commenced the injections at once. Mr. Strick also made an ointment of the juice, which I employed as supplementary treatment by inunction. I also administered the drug internally.

The dosage was a difficulty at first, as I had no experience of its possible effects, but by commencing with 5 minims, and gradually increasing it, I soon found that I could safely inject 15 minims without reaction. I therefore requested Mr. Strick to make me a concentrated preparation of the juice, and although this stronger preparation did cause some temporary inflammatory reaction I have used it continuously since increasing its strength. The first encouraging result I observed at the end of the first month's treatment. The patient informed me then that her pain was relieved, and some "tingling" sensations which she had experienced were absent. She looked better and certainly did not lose weight. Up to this point I had been giving only one, or sometimes two, injections twice weekly, but from this time onwards I gave three injections on each occasion, and sometimes one in the axilla.

By the end of the second month there was distinct flattening of the lower mammary zone. The patient's health was much improved and she continued to be free from pain. During the third month the treatment was suspended, owing to an acute attack of gout in the foot. Upon resuming treatment the concentrated juice was still employed. This induced some pain and considerable local induration for several days, and I was afraid might lead to further irritation; however, in about ten days these local symptoms entirely disappeared, and the concentrated preparation has since that time been employed without further interruption.

After twelve months of treatment I am encouraged to publish this preliminary note in order to induce others to give the treatment a trial. The points of interest are that in an inoperable case of mammary carcinoma under observation for ten months we have:

(1) relief of pain ; (2) diminution of growth ; (3) improved general health ; and (4) increase of body weight. The patient has gained 4 lbs. in weight.

I hope to contribute a note on the chemical properties of *sempervivum* and further details of cases at an early date.

Patient still most satisfactory.

I am, Sir, yours faithfully,

BOUVERIE F. P. McDONALD, M.D. Edin.,  
Consulting Surgeon, Victoria Central Hospital.  
New Brighton,  
January 7th, 1913.

P.S.—The following are the details of the preparation of the juice of the houseleek as prepared by Mr. Strick, of Upper Brighton : Take 2 lb. of the fresh herb. Carefully clean from all earthy matter. Subject to pressure, and allow the juice to stand for two hours ; strain from flocculent deposit ; evaporate the strained product on a water bath to one-half of its volume. Allow to cool, filter, and sterilize.

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CHOLINE IN TARAXACUM ROOT.—At a recent meeting of the Chemical Society Dr. F. B. Power and Mr. Henry Browning, jun., reported the results of an investigation into the constituents of taraxacum root. Primarily they found two new monohydric alcohols, a tetrahydric alcohol, and a mixture of fatty acids. Apart from the fact that certain of the alcohols found had already been recognized in other plants, they isolated *choline*. While the investigation was in hand it was reported that some remarkably beneficial results had been obtained in the treatment of several cases of cancer by the use of extract of taraxacum. This was followed by an announcement from Germany that *choline* had been used with very encouraging results in the treatment of this disease. As is pointed out by the authors, these two quite independent observations are of interest, especially when considered conjointly, inasmuch as *choline* has now been shown to be a constituent of taraxacum root. It remains to be decided whether they are a mere coincidence or whether they possess some real pharmacological significance. The direction in which further investigation is needed is obvious. There should be no lack of material, since it is reported that *choline* can be synthesised by the action of trimethylamine on a strong solution of ethylene oxide :  $C_2H_4O + H_2O + N(CH_3)_3 = C_5H_{15}NO_2$ .—*The Lancet*.

## REVIEWS.

## A MANUAL OF ISOTONIC PLASMA TREATMENT.\*

TREATMENT by Quinton Plasma may now be fairly said to have won a definite place, although work remains to be done before it can be said with confidence in any given case whether benefit and how much benefit will result. The results are most undeniably striking in many cases, and those often of obstinate and refractory disease, and nothing but further experience can enable us perhaps to realize why, for instance, eczema should respond better than psoriasis, and one case of eczema so much better than another. Obviously there is much individualizing work to be done, and without a doubt, dosage and frequency of repetition are factors of the utmost importance. The authors of this book, Dr. Sandberg and Dr. Tudor, have both had wide experience of the treatment, and much success with it, and this is essentially a practical manual full of hints which are the results of experience: therefore it should be of the utmost value to those who are unfamiliar with the method of treatment but anxious to employ it. Many details of actual cases are given and some striking illustrations. Full directions as to dosage and repetition are given for treating cases of various diseases. M. Quinton's scheme for infant feeding according to body weight is tabulated in an appendix. We heartily recommend the book to all who wish to know something of what Quinton Plasma can do and how to use it.

## A NEW EDITION OF BOERICKE.†

THIS book has justified its publication by passing rapidly through one edition after another till it has now reached the fifth. It is an admirable book for

\* *Isotonic Sea-water Injections*. By A. G. Sandberg, M.D., and Dorothea M. Tudor, M.B., London. Scientific Press, Ltd., 28, 29, Southampton Street, Strand, W.C. 1s.

† *Pocket Manual of Materia Medica*. By W. Boericke, M.D., with a Repertory by O. Boericke, A.B., M.D. Fifth edition. Three dollars, fifty cents. Boericke & Runyon. Homœopathic Publishing Company, 12, Warwick Lane, E.C. 17s. 6d.

all who have had experience of Homœopathic Practice. To the beginner it has to be recommended with some caution. As it is necessarily abbreviated, the inexperienced may sometimes be led to generalize too hastily from it, but as soon as a physician has passed the elementary stages of homœopathic knowledge, the completeness and convenience of this volume are such as to make it a most valuable companion. There are several hundred more pages in this fifth edition than in previous ones, nearly all due to additions to and remodelling of the Repertory, which is made very much more complete, and therefore valuable, and at the same time easier for reference. We wish it had been found possible to use three varieties of type to indicate degrees of prominence in symptoms, but it is really almost captious to make any complaint in regard to a book of such proved value. Our readers probably know it well and those who do not had better make its acquaintance forthwith.

#### RELATIONSHIPS OF REMEDIES.\*

HERE, in an admirably convenient form, is a little booklet that should be of inestimable value to all who wish to become exact prescribers. Much of the information is to be found in the Clinical Repertory of Dr. J. Clarke, but here it is given in a book that will slip into a small pocket, and be available for instant reference. For each important drug it gives the complements, the remedies that follow well, the inimicals, the antidotes, and the average duration of action. A knowledge of inimicals is absolutely essential in treating chronic disease or much time may be lost and confusion engendered, and a knowledge of complements saves endless time in following up a successful prescription. No one interested in the art of Homœopathy should fail to expend the modest sum of one shilling on a book that promises such value for money.

\* Dr. R. Gibson Miller's *Relationship of Remedies*. Homœopathic Publishing Company, 12, Warwick Lane. 1s. net.

## KEENE AND ASHWELL'S DIARY.

THE Diary of Messrs. Keene & Ashwell for 1913 repeats the form and general contents familiar, and prized, for a good many years. Good wine needs no bush, and this Diary no recommendation. It speaks for itself and we have only to note that its voice is no less convincing in 1913 than in previous years.

## OBITUARY.

## IN MEMORIAM.

ANDREW CRICHTON CHALMERS, M.D.

Æt 84.

By DR. GEORGE BURFORD.

Rest after toil, port after stormy seas,  
Ease after pain, death after life, doth greatly please.

IN some such words, uttered or unexpressed, we bade farewell to what was mortal of one of the heroes of Homœopathy in Victorian years. The active sphere of Dr. Chalmers' homœopathic life included also the times of Sharp of Rugby, of Quin, of Bayes, of Drysdale, of Ryan, and their compeers, all pioneers of the Law of Hahnemann. Those were times when moral fibre had to be compact as well as intellectual insight keen to make a man break with the traditions of the schools and tread the thorny path to the New Medicine. Scottish lineage, which has done so much in the history of the world, was the proud boast of Dr. Chalmers; and the claims of Homœopathy, once seen and seen clearly, were preached and practised with that breadth and fervour which ever inspire the nobler sons of the Scottish race in declaring their best selves.

Dr. Chalmers came into Homœopathy after a prolonged search for fruit on the barren fig-tree of the old school. He commenced his medical training in Edinburgh, having as his friend and contemporary Thomas Keith, the great ovariologist of a later date; and Chalmers and Keith together came within the inspiration of Sir James Simpson (the discoverer of the use of chloroform), of whose obstetric genius Dr. Chalmers used to speak, after half a century, with

enthusiasm. "I have seen," said he, "obstetric difficulties, apparently insurmountable, simply melt away in Simpson's hands." After receiving his academic medical degree, Dr. Chalmers settled in practice at Thornhill, in Dumfries. Here for twenty years he enjoyed a high professional reputation, being *inter alia* physician to the household of the Duke of Buccleuch.

But during this time Andrew Chalmers' mind, like Hahnemann's, had become suffused with the consciousness of the ineptitude of the medicine of the time. Like Hahnemann, he seriously considered the alternative of surrendering active practice, when at this fateful moment he came under the influence of Dr. Sharp, of Rugby. Sharp was an F.R.S., a man of extraordinary ability, and a prominent homœopathic physician; and to his death Andrew Chalmers spoke of Sharp's influence as the dominant impulsion in his professional career. Here was a new medical world, just such as the inquirer was searching for, displayed to view; his early excursions therein, under Sharp's guidance, were entirely to his liking; and, throwing up his former practice, Dr. Chalmers, at the age of forty, settled in Sheffield as a homœopathic physician in the year 1868.

In Sheffield Chalmers kept the flag of Homœopathy flying with ample success; morning, noon and night he toiled to meet the demands on his skill; and in all this he gained not only the affection and esteem of hosts of patients, but the respect of his professional colleagues of the old school. During this period he made some contributions to homœopathic literature in the shape of cases from practice. In 1888 he retired from active work in Sheffield, having as his skilled successor Dr. F. W. Clifton, who had worked with Dr. Chalmers for the three years preceding. Founded on intimate personal knowledge, Dr. Clifton's professional tribute to his senior partner is unique. He writes that "Chalmers was the equal of any of the great names in medicine of the time; while his personality avoided publicity, his professional acumen was marvellous."

After forty years unceasing professional work most



men begin to feel the heat and burden of the day, and Dr. Chalmers had well earned that private life into which he nevertheless carried unabated the enthusiasm of Homœopathy. He continued a member of the British Homœopathic Society up to the current year; and subscribed to the journals of British Homœopathy—and read them—almost to the last. In the year 1906, having taken a warm interest in the being and doing of the British Homœopathic Association, he sent that body a cheque for £600 to enable a settlement to be effected in Russell Square. For this munificence he was thanked by Earl Cawdor, the President of the Association, and as a token of appreciation, the House was named "Chalmers House."

The physical affections incident to advancing years and a strenuous life began to fall on him in his later time of retirement at Bexhill-on-Sea. Also his wife pre-deceased him by some nine years; and her loss was a great blow to the veteran. Respiratory troubles were a source of great embarrassment to Dr. Chalmers, and throughout his long invalidism and last illness he was devotedly nursed by his only daughter, Miss Isan Chalmers, to whose skill and care the patient was never weary of testifying. An attack of acute pneumonia ended the years and terminated the earthly activity of Andrew Crichton Chalmers on New Year's day, 1913.

*"O si sic omnes!"*

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#### DR. MEGHEN DUZ.

WE regret to have to announce the death of Dr. Meghen Duz, who died on December 29th, at Bois-Colombes, at the age of sixty. Dr. Meghen Duz was a man whose interests led him into many by-ways of science, and he was a staunch homœopathist. We lament in him the loss of a colleague.

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## VARIETIES.

**RADIATION IN ECONOMICS.**—When we consider the many important processes in the arts and industries which depend upon the action of ferments the suggestion that these may be replaced by mere physical agencies is bound to claim attention. There are now some observers in the ever-expanding field of electrical study who are beginning to assign to the silent electric discharge, or to the ultra-violet rays thereby produced, a power to hydrolyse substances capable of undergoing that process. Starch at any rate after some hours' exposure to the silent discharge gradually resolves into sugar. It is well known, of course, that acids will do the same thing, and for a long time sugar has been prepared from starch by boiling it with acids. That was the first step which made the brewing and distilling industries independent if need be of the use of diastase as a converting agent. The mash tun can thus be replaced to some extent by the converter. The acid used as the hydrolytic agent must, of course, be removed, but, if it should prove that by the mere exposure of starch to the silent electric discharge it can be converted into sugar on a commercial scale, it is possible that both ferment and acid may at some future time be dispensed with. Further, it is recorded by our Paris correspondent this week that, according to M. D. Berthelot, the hydrolytic action of ultra-violet rays is not confined to carbohydrates, for albuminoids have been converted into soluble proteins by exposure to the rays, the action of pepsin and other enzymes being thus imitated. There can be little doubt that the study of the action of ultra-violet rays, or of the silent discharge, is leading to interesting developments which may possess great practical importance. The application of ultra-violet rays to the sterilisation of water-supplies furnishes an example, although it appears probable that there is still room for improvements in this application in order to make the process a completely efficient one. The extension of this principle to the preservation of both liquid and solid foods is also foreshadowed, although here considerable difficulty is encountered owing to the opaqueness of the materials to the radiations. Of exactly in what way the sterilisation is effected we do not appear to have received a satisfying explanation, some attributing it to the action of ozone and others to a direct killing property of the rays. A process of preserving perishable foods, independent of the use of chemicals, about the innocence of which there is doubt, would obviously be a valuable discovery to the community. The continued researches on these questions will be looked forward to with the greatest interest.—*Lancet*.

**BENCE-JONES PROTEINURIA: ITS ASSOCIATION WITH METASTATIC CARCINOMATA OF BONES.**—Dr. Thomas R. Boggs and Dr. C. G. Guthrie report what must be an unusual experience even in a large institution such as the Johns Hopkins Hospital—the encountering of four cases of Bence-Jones proteinuria within fifteen months. It is true that this experience leads them to

suggest that this phenomenon is often overlooked, but in view of the care exercised in most large hospitals in the routine examination of urine, it seems probable that their cases exemplify once more the curious tendency which rare clinical conditions display of occurring in a closely-packed series, once or twice only in the experience of the observer. Be this as it may, the writers have put their remarkable experience to the fullest use by making a thorough investigation (reported in the *American Journal of the Medical Sciences* for December) into the nature of this curious substance, and especially into certain of its biochemical relationships. They confirm the work already done as to the tests required to establish the presence of the Bence-Jones protein; it is precipitated at a temperature of 45-60° C., and redissolved at 100° C.; it is thrown down by cold nitric acid, but redissolved by boiling; and it is also precipitated by the addition of two volumes of saturated solution of ammonium sulphate. In the case longest under observation the average output of this protein was 5 to 10 grammes per diem; in this case also the protein underwent spontaneous precipitation. Polyuria was the rule, and there was also a very pronounced retention of chlorides. They have so far failed to secure the formation of specific precipitins by injecting the protein into the veins of animals, though this injection led to anuria within twenty-four hours, followed by excretion of the protein. After a second injection the protein was not excreted as such. Attempts to produce an intradermal or conjunctival reaction by the appropriate means were quite ineffective. In the first three of their cases the proteinuria was associated with symptoms which almost certainly indicated the presence of myelomatosis of the bones, though this was not definitely confirmed by necropsy. Their fourth case, which is of peculiar if not unique interest, is reported fully in the *Johns Hopkins Hospital Bulletin* for December. The patient, a woman of 37, had a cancerous mass of four months' growth in the right breast, together with symptoms which pointed to the presence of metastatic masses in the long bones. This surmise was confirmed by radiography, reproductions of which show the secondary growths in the skull, pelvis, long bones, and ribs with remarkable clearness. Further confirmation was afforded by post-mortem examination of a portion of the femur, which actually demonstrated the presence of centres of carcinomatous growth in the bone. There is but one other case on record in which a relation between multiple secondary carcinomatosis of bone and Bence-Jones proteinuria has been satisfactorily established; in this, Oerum's case, the primary growth was in the stomach. The protein seems to have been found in the urine in cases of extensive osseous disease other than carcinoma and myeloma; apparently genuine instances of its presence in connection with chloroma, leukæmia, osteomalacia, and bony injury, are also on record. On the other hand, it is not present in every case of widespread disease of bone, not even in every case of myelomatosis. The inference, therefore, is that the source of the protein lies in some disturbance of a province of

endogenous metabolism, over which the bone marrow presides, and not in the formation of some peculiar protein by the growth and development of myelomata. It should be added that in this very interesting case the blood changes that were noted were not of the special "pernicious" type.—*Lancet*.

### LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.

HOURS OF ATTENDANCE:—Medical (In-patients, 9.30; Out-patients, 2.0), Daily; Surgical, Mondays and Tuesdays, 2.0; and Thursdays and Fridays, 9 a.m.; Diseases of Women, Tuesdays, and Wednesdays 2.0; Diseases of Skin, Thursdays, 2.0; Diseases of the Eye, Mondays and Thursdays, 2.0; Diseases of the Nose, Throat and Ear, Wednesdays, 2.0; and Saturdays, 9 a.m.; Diseases of Children, Mondays and Thursdays, 9.0 a.m.; Operations, Monday, Thursday and Saturday mornings; and Wednesday, Thursday and Friday afternoons; Diseases of the Nervous System, Fridays, 9 a.m.; Electrical Cases, Tuesdays and Fridays, 2.0 a.m.; Physical Exercise Department, every day except Saturday at 9 a.m.

TO CONTRIBUTORS.—Reprints of articles can be ordered from the publishers, on application not later than eight days after publication.

### MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

- Bidwell** (L. A.) Minor Surgery, Revised Ed. 8vo. (Hodder & Frowde. Net 10s. 6d.)
- Boerliche** (O-car A.) Pocket Book of Homœopathic Materia Medica. 5th ed. 16mo. (Hom. Pub. Co. Net 17s. 6d.)
- Cabot** (Richard C.) Physical Diagnosis. 5th ed. Royal 8vo, pp. 542. (Baillière. Net 15s.)
- Evans** (Willmott). The Diseases of the Skin. (London Medical Publications.) 8vo, pp. 390. (H. Frowde. Net 10s. 6d.)
- Green's** Encyclopædia of Medicine and Surgery. Supplemental volume. Parts 1 and 2. Royal 8vo. (W. Green Swd., each net 5s.)
- History of Nursing** (A.) Edited by L. L. Dock. Vols. 3 and 4. 8vo. (Putnam. Net 21s.)
- Hutchinson** (Woods). A Handbook of Health. (Cr. 8vo, pp. 330. (Constable. Net 5s.)
- Lorand** (Dr. A.) Health and Longevity through Rational Diet. (S. Phillips. Net 10s. 6d.)
- Luciani** (Luigi). Human Physiology. Vol. 2. 8vo, pp. 566. (Macmillan. Net 18s.)
- Medical Directory** (The) 1913. Royal 8vo. (Churchill. Net 14s.)
- Medico-Chirurgical** Society of Edinburgh. Transactions. Vol. 31. New Series, Session 1911-12. 8vo, pp. 226. (J. Thin. Net 8s. 6d.)
- Noerden** (Professor Dr. Carl von). New Aspects of Diabetes. Pathology and Treatment. Cr. 8vo. (Wright. Net 6s.)
- Reilly** (T. F.) Building a Profitable Practice. 8vo. (Lippincott. Net 10s. 6d.)
- Robertson** (W. G. Aitchison). Manual of Medical Jurisprudence, Toxicology and Public Health. 2nd ed. Cr. 8vo, pp. 572. (Black. Net 8s.)
- Smith** (Arthur Hopewell). An Introduction to Dental Anatomy and Physiology. Descriptive and Applied. Illust. 4to, pp. 372. (Churchill. Net 18s.)
- Smith** (H. C.) Lecture Notes on Chemistry for Dental Students. Revised Ed. 8vo. (Chapman & H. Net 10s. 6d.)
- Sutherland** (G. A.) The Treatment of Disease in Children. 2nd ed. 8vo, pp. 404. (H. Frowde. Net 10s. 6d.)
- Wilson** (J. G.) and **Pike** (F. H.) The Effects of Stimulation and Extirpation of the Labyrinth of the Ear, and their relation to the Motor System. Part 1—Experimental. 4to, pp. 33, swd. (Dulau. Net 2s. 6d.)

## TO CONTRIBUTORS &amp; CORRESPONDENTS.

ALL literary matters, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. C. E. WHEELER, 35, Queen Anne Street, Cavendish Square, W.

Letters to the Editor requiring personal reply should be accompanied by stamped directed envelope.

All advertisement and business communications to be sent to the "MANAGER" of the Homœopathic Publishing Company, 12, Warwick Lane, Paternoster Row, London, E.C.

LITERARY matter and correspondence should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the Editor as early as possible.

## CORRESPONDENTS.

Messrs. Epps, London.—Dr. Tyler, London.—Dr. Renton, Hastings.—Dr. Kennedy, London.

## BOOKS AND JOURNALS RECEIVED.

Brit. Hom. Review.—Revist. Hom.—Med. Times.—Allg. Hom. Zeit.—Med. Advance.—The Chironian.—La Homœopatla.—Ind. Hom. Rev.—Hom. Envoy.—The Chemist and Druggist—Medical Century.—Rev. Hom. Française.—H. Recorder.—L'Omlopatla in Italla.—Revista Hom. de Pernambuco.—N.A.J. of H.—New Eng. Med. Gaz.—L'Art Médical.—Hom. Jour. of Obst.—Annals

de Med. Hom.—Century Path.—Hahnemannian Mon.—Pacific Coast Jour. of H.—Journal B.H.S.—Zoophillist—Calcutta Jour. of Med.—Le Propagateur de L'Homœopatie.—Cleveland Medical and Surgical Reporter.—Från Homœopatliens Värld.—Journal of the American Institute of Homœopathy.—Indian Homœopathic Reporter.—La Critica.—The Homœopathician.—Iowa Homœo. Journal.—Adenoids treated without operation, Dr. R. Day.

## The Homœopathic World.

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The Work of the International Homœopathic Council.

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*Lobelia Purpurescens* in Heart Complaint and Disturbed Circulation.

A Proving of *Radium Bromide*. By Dr. W. Dieffenbach.

Shyama or Black Turpeth. By Bejoy Krishna Sen Gupta, B.A.

## SOCIETY'S MEETING :

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## BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED) :

Subscriptions from November 16th to December 15th.

Popular Lectures.

## EXTRACTS :

Great Epidemic of Typhus Fever.

## OBITUARY :

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# THE HOMŒOPATHIC WORLD.

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MARCH 1, 1913.

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## MR. OTTO BEIT'S DONATION AND SOME OF ITS CONSEQUENCES.

THE generosity of Mr. Otto Beit has naturally caused a good deal of comment in the general press, and has attracted a good deal of attention to Homœopathy. But our readers will, we are sure, be most interested in this editorial from the *Medical Press*, which seems to us so significant that we reproduce it in its entirety. (The italics are our own.)

### A GIFT FOR HOMŒOPATHIC RESEARCH.

The announcement that Mr. Otto Beit, whose benefactions to medical science are already well known, has given £5,000 to the British Homœopathic Association to constitute a fund, the proceeds of which are to be devoted to research into problems of medicine, particularly those the solution of which is likely to throw light upon the range and mode of action of the homœopathic law, will not come as a surprise to those who know the true catholic spirit of the donor. It would be ungenerous, indeed, to cavil at such a magnificent donation towards medical research merely because this time the giver has not thought fit to bestow his favour upon the better-known medical organizations, for the recollection of Mr. Beit's generosity towards the pursuit of medical investigation is fresh in the minds of all. Moreover, it must be admitted that the old-time prejudice against Homœopathy, largely born of ignorance, is gradually breaking down in the light of modern discoveries, for, after all, *the whole of serum and vaccine treatment is but an adaptation, or rather an illustration, of the homœopathic law.* Perhaps the name 'Homœopathy' may need to be altered, for it is something like the proverbial red rag to most orthodox practitioners, and the term "single-drug therapy"—in microscopic doses, of course—might be substituted. An impartial scientific investigation of the whole system under the auspices of a committee composed of equal numbers of homœopathic and other practitioners would be most desirable with a view to establishing, or otherwise, the claims of a method of medical practice which has stood the test of a century, and is still flourishing to-day in spite of all opposition.

Now it would be indeed ungracious to cavil at an article that contains such admissions, and we have only one or two comments to make upon it. First as to the name Homœopathy. It still remains much the best descriptive name for the practice, and our readers may remember the remark of Professor von Behring upon it. Nevertheless, to obtain more recognition of the practice some compromise might be possible as to nomenclature. But as to enquiries by Committee we can see no advantage in them. Even if the conclusions are unanimous, they are binding only upon those who reach them, and the process of individual conversion has still to be undertaken. It cannot too often be stated, that although time, care, patience, and some trouble are required to test the truth of Homœopathy, nothing else is needed. Every man can be himself an experimenter and ought to be, in order to give any value to his belief. If orthodox authority would but announce that it was a service deserving praise to test the principles of Homœopathy, and give some facilities at examinations for showing expertness in its practice, homœopathists might gladly leave to the next few years the general acceptance of all that is essential in their faith. Differences of opinion over a few details will remain probably for years, but they are to be welcomed rather than the stagnation of a flat uniformity. If our brethren will but fairly experiment we have little fear of the ultimate result.

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## NEWS AND NOTES.

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### LONDON HOMŒOPATHIC HOSPITAL—COMPLETION OF THE FURNISHING FUND FOR THE SIR HENRY TYLER WING.

LORD DONOUGHMORE, the Treasurer of the London Homœopathic Hospital, Great Ormond Street, W.C., has received £300 from Mr. Otto Beit, through Dr. Burford, for the furnishing of the "Rylands" Ward in the Hospital. This amount completes the furnishing fund of the new Sir Henry Tyler Wing, which gives an addition of sixty-five beds to the institution, making 165 beds in all. The cost of the building of the new wing and site was £44,664 and the furnishing £3,469, making a total of £48,133, the whole of which amount has been raised during the last six years.

The Board of Management are now making an urgent appeal for £11,000 to complete the new Home for Nurses, which has been erected and furnished at a cost of £18,500, of which some £7,500 has already been subscribed, including £500 from the King Edward's Hospital Fund, to whom the plans were submitted and approved. Donations should be sent to the Treasurer, Lord Donoughmore, or the Secretary, Mr. Edward A. Attwood, at the London Homœopathic Hospital, Great Ormond Street, London, W.C.

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### INTERNATIONAL HOMŒOPATHY.

IN accordance with a request from several towns of Germany, our colleague, Dr. Petrie Hoyle, has undertaken a lecturing tour under the auspices of the International Council. The object of the lectures is to bring prominently forward the claims of Homœopathy. The tour is now in progress, and we can report a great success at Magdeburg, where it opened. The hall was packed; the lecture was read in German by Dr. Nissen and Dr. Hoyle demonstrated a number of lantern slides. Magdeburg made a handsome contribution towards the expenses of the Council, and altogether we may claim that our colleague has



made a good start. No details are yet to hand from Berlin but next month we hope to have more to say on the subject.

#### UNCONSCIOUS HOMŒOPATHY.

It is not without interest that the number of the *Medical Press*, which contained the article on the Beit Research Fund quoted above, contained also two paragraphs, one praising *Thuja* for the cure of warts and the other stating that the value of common salt in constipation was considerable. The dosage given in each case was of course larger than that which we usually employ for these conditions, but both *Thuja* and *Natr. Mur.* are familiar enough remedies frequently indicated homœopathically in the conditions described.

#### BOSTON UNIVERSITY.

SOME of our readers may have heard that the New York Board of Regents (to regulate Medical Practice) announced that the Boston University School (Homœopathic) could no longer be recognised as a qualifying body for New York State. The decision was based entirely upon what was held to be the inadequate salary list of the Boston teachers and not in the least upon the examination results, in which Boston can challenge comparison with any school, as its Harvard neighbours know. We understand that the salary list has now been adjusted to the scale required, and that recognition is once more accorded, but it is well to put on record here that it is well known that the equipment and standing of the Boston University School of Medicine are among the best in America and that its rulers have always been in the forefront of any schemes for improving general medical education. It was denied recognition on a technicality, but this is its record in medical progress :

It was the first school in America to demand entrance examinations of all applicants for admission who were not college graduates.

It was the first to offer a graded course of three years (1873).

It was one of the first to make the three years compulsory (1877).

It was the first medical college of this country to offer a four years' course (1876).

It was the first to make the four years compulsory.

It was the first to institute an optional five years' course (1907).

Its standard for twenty-two years has been a full four years' graded course of eight months each.

With such a record our Boston colleagues have little to fear.

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#### THE WISDOM OF OUR ANCESTORS.

By the kindness of Dr. S. Kennedy we have been shown the following recipes from a book of 1698, by Mr. Benjamin Vaughan, of Ireland. We print three as we have received them, and may print others in other issues.

"An excellent Recept for the gravell in a man or woman, experienced by Mr. Pike, Mr. Robt. Long, Mr. Rowland Borkly and severall others violently troubled there with—

"Take one pint of ale with one spoonfull of honey a littell aired euery morning for one month or six weeks and you will find ye benefit."

"A recept to make a pleasant dram.

"Take three bottells of brandy and in it infuse half a pound of white sugar, half a pound of Reasons stoned, 6 drams Licorice, 1 dram Orrice Root, both sliced thin, 3 drams aniseed, 1 dram of Cloves, half a scruple Cardiman seed, 1 dram fennill seed, all well bruised, and 3 drams red Sanderr well pounded, & sifted very fine, put them all together in an earthen vassell, & stopt close, sturing of it well when first you mix them, after two days strain it well three times through a cleen cloth and soe bottell it.

A receipt for ye Rumatisam—

"Take a noggin of Brandy and steep a good head of Garlick in it for 24 hours then goe to bed and keep your self very warm for at least a day or two."

## ITALIAN ENTERPRISE.

OUR energetic colleague, Dr. Dandolo Mattoli, has persuaded a distinguished lady to translate into Italian Dr. Burford's presidential address at the International Congress. He has issued it as a pamphlet, and a very attractive one it makes, with an appeal, as a foreword, to the orthodox of Italy to read and consider it. Dr. Burford's eloquence runs easily into an Italian mould, and we can only hope that in its thus extended sphere it may scatter seed that will bear good fruit.

## A GOLDEN IDEA.

AN anonymous friend has sent by post to the Secretary of the London Homœopathic Hospital, Great Ormond Street and Queen Square, W.C., a gold pin, set with pearls, a pair of gold sleeve links, also a gold trinket, to be sold for the benefit of the Hospital funds. The Hospital has a deficit on the Income and Expenditure Account to December 31st last of £3,234. Similar gifts of jewellery of any kind or donations to reduce this deficit will be gladly received by the Treasurer, Lord Donoughmore, or the Secretary, at the London Homœopathic Hospital, Great Ormond Street and Queen Square, W.C.

ARGENTUM NITRICUM IN NEURASTHENIA.—Trembling and tremulous sensations; nightly nervousness with heat and fulness of the head; nervousness; faint, and tremulous sensation; loss of courage or will power so that he does not undertake anything lest he should not succeed; great exhaustion and restlessness; every object and every undertaking seems magnified many times; head seems very large as if bones would separate, relieved by binding the head tightly; sensation of a lump in pit of stomach; sensation as if the stomach would burst after yawning; craving for sweets; nausea, retching and vomiting of glairy mucus; stools scanty and watery, with flatulent colic and spluttering; sleep full of dreams and restless; marked numbness. Relief is from stimulants, cool open air and bathing in cold water. Aggravation in warm room, over a fire, in summer. For scrawny, feeble, overworked people, also for the bad effects of alcohol, tobacco, and prostrating diseases. Use the 30th and up to the 1,000th.—*International Homœopathic Review*.

## ORIGINAL COMMUNICATIONS.

### MISSIONS AND MEDICINE.\*

#### THE STORY OF THE LONDON MISSIONARY SCHOOL OF MEDICINE.

By DR. E. A. NEATBY.

*Introduction.*—An ancient author has written “None of us liveth unto himself.” The influence of the least and of the greatest of us spreads, for good or ill, beyond the area of our knowledge and of *our control*, just as a stone thrown into a lake produces ripples which, in ever widening circles, spread beyond our range of vision. This is true of institutions as it is of individuals, and I want to illustrate this saying in connection with two institutions in which, before we separate, I hope we shall all be interested.

Primarily then, my subject is “The Story of the London Missionary School of Medicine,” and incidentally, the part played in that story by the British Homœopathic Association. I propose to give (1) a definition of the School; next to explain the needs for such an institution; then to endeavour to show how the School meets those needs—to show it by (a) a description of the School: its home, its origin, its organization and its curriculum, and (b) by examples from the work of its students in the foreign mission field.

*Definition.*—The London Missionary School of Medicine is a School for teaching the elements of medicine, surgery and their specialities to Missionaries working in foreign lands.

*Its objects* are to assist Missionaries to take care of their own health; to enable them, when far away from qualified medical aid, to look after one another when ill; and, in uncivilized lands, to treat the sick and suffering who always expect the white man to know everything.

#### NEEDS.

What evidences are there that such training is needed?

\* A lecture delivered at Chalmers House.

1. Years ago the Rev. James Calvert wrote from Fiji, "There was no medical man within 1,200 miles of us, and we were sometimes compelled to act, whether we knew or not, and we found a small smattering of information was of the utmost value to us. I hope that all missionaries who go where there is no doctor will get as much knowledge as they possibly can." (Report of Centenary Missionary Conference, 1888, Vol. 2, p. 25.)

2. A recent student writes from China, "It takes eight days for us to get a doctor, so that you will understand we need to be able to treat the sick ourselves."

3. Again, from the (late) Celestial Empire, "I am more and more convinced of the usefulness of the training of the London Missionary School of Medicine, and that not merely for the treatment of natives, but also for the management of cases of sickness amongst fellow missionaries."

4. Speaking from his experience in Central Africa on the Congo, Mr. Cartwright says, "It is a great mistake for missionaries to go out expecting they will be able to lean on duly qualified men to help them in case of sickness. One of our stations is about 350 miles from the nearest doctor; another is about 500 miles, and it would take us about seven days at the very least, to get to the doctor (fourteen days there and back?)."

"Too much stress cannot be laid on the fact that *every man and every woman* who leaves England as a missionary should be able to depend on themselves in case of need."

5. At the annual meeting of this School in an adjacent building, in the summer of 1910, a missionary from India—not one of our own students—said, "I want to say this, and I say it from conviction, that I think it is *criminal* for a Missionary Society, *in these days*, to send a missionary out to the foreign field, without his having received some such training as is given here. I heard the other day that of the deaths among missionaries in the foreign field sixty per cent. were preventable."

6. Curiously enough, two years later, in the

same building, a former student of this School, returned home from China, used the same expression (quite independently) — “ignorance, under the circumstances, is *criminal*, because it is nowadays *inexcusable*.”

Before leaving the subject of needs let me give you one or two concrete instances.

7. Here is a typical case told by a lady now on furlough :—“ A beggar, sitting on a piece of matting, on which he dragged himself along, came in one morning. Both his feet had been frost-bitten during the winter, and one of them was gangrenous almost up to the ankle, the other very little better. It was quite impossible for the poor creature to undertake a journey of about six days to the nearest hospital, and we would gladly have helped him. We knew that one foot ought to be amputated, but as neither of us had ever seen such an operation performed we dared not undertake it. The man disappeared, and most likely died by the roadside ; his home was in a distant province, and even if he had been able to get there he was by no means sure of a welcome.”

8. Coming “nearer home” to the white man, I may mention in passing the case of friends of my own, missionaries in China ; a lady of refinement and a sensitive and cultured man. They were both absolutely without experience or knowledge and without any but native help. Some of you can imagine what it meant to them both—the terrified wife and the frantic husband—when the lady’s confinement came on a fortnight before it was due, the doctor who had been arranged for being a week’s journey away. Ultimately they were able to say “ All’s well that ends well.”

9. Another class of evidence showing the need for some degree of civilized and scientific treatment is furnished by the various native methods met with—futile, barbaric or superstitious. A missionary already quoted says : “ It is very difficult to get the people to drink the medicine ; they do not understand drinking medicines. What they want is something they can hang round their necks or put in their belts or some-

where about the body, which will act as a charm . . . A man comes along with a severe headache, and you hand him a dose of medicine and he says 'I do not want to drink it, it is not down there I am ill, it is up here.' If you can put some menthol on, or some good iodine or a plaster, he goes away satisfied. One man said, 'If I swallow that pill I shall not have it.' He wanted it to hang round his neck."

10. Puncturing with a needle is one of the chief Chinese methods—used indiscriminately for various diseases—and the needle is *not* sterilized, probably used over and over again without cleansing. This is not, as you might imagine, to let out "matter," real or imaginary, but to impale the evil spirits lurking in the tissues!

Cow-dung and other filth rubbed into open sores is a common dressing, and pepper for an inflamed eye.

Here is a prescription by an imperial physician (in China) for a troublesome tooth: "Take the bones of a rat, pulverise them and apply to the tooth. If it is fore-ordained that the tooth will come out, this will bring it out; otherwise it will become more firmly fixed."

A different form of dentistry is pursued in Central Africa, where a tooth is loosened by the daily use of a hammer and chisel for a fortnight—after which time a little prizing with the chisel or a skewer will remove it.

Tigers' bones, scorpions, centipedes and filthy mixtures stand for medicines, rusty knives and needles for surgical instruments.

I hope I have now offered enough evidence to show you that there is a real need for some medical training for missionaries, seeing that in many places, qualified medical aid is, for one reason or another, unobtainable.

#### EARLY ORIGIN.

In the last decade of last century and the first two or three years of this, different members of the staff of the London Homœopathic Hospital received applications from missionaries to be allowed to see some of the treatment carried out there. In particular, I remember two from different parts of South-Central Africa, from Matabeleland and Mashonaland, if I

remember rightly. They had been brought face to face with illness and accident, with which they had been unable to cope. We showed them what we could, but the teaching was scanty, scrappy, and wholly without system.

#### EARLY ORGANIZATION.

In the year 1903, the newly-formed British Homœopathic Association undertook to organize systematic instruction for missionaries, with regular lectures and practical experience. The course of training was thus one of the departments of activity of the British Homœopathic Association, and in this part as in its entire early organizing, Dr. Burford was the most assiduous of workers and most fertile in suggestions. At once it appeared that a need was met, for in the first session we had—for longer or shorter terms of study—no less than twenty-four students. Little by little we added books, models and various facilities and apparatus to our armamentarium. During these early years the course of training was arranged and managed by a sub-committee of the Association, and any deficiency in its finances was met by that body.

From the first the project met with the hearty sympathy of most of the members of the medical and surgical staff of the hospital, by whom most of the teaching was given. In one or two instances, however, teachers from a distance were secured; the late Dr. Hawkes, of Ramsgate, came up for First Aid lectures, and until this session Dr. Edith Neild, of Tunbridge Wells, delivered the lectures to women on the elements of Midwifery.

The Board of Management of the London Homœopathic Hospital gave the movement every facility, and our teachers and students have had the advantage of using the clinical material of the Hospital. Nearly all the teaching is thus centred under one roof—dentistry being the main exception. At the present time even that is partly carried out in that building.

#### DEVELOPMENT.

In 1906 it was felt that, the training course being by that time well organized and the machinery running smoothly, it would be an advantage if an autonomous



body with a name and entity of its own were formed to carry on the work. The Council of the British Homœopathic Association raised no objection to this, and, after discussion, the title "The London Missionary School of Medicine" was adopted, it being thought that the word missionary sufficiently indicated the scope of the work. The late Captain Cundy accepted the post of President; in 1906 a Council was formed, consisting of various non-medical men and women interested in missionary work or in the hospital. A medical Executive Committee continued to administer the School, with Dr. Burford as chairman until 1908, and subsequently Dr. Cronin. Monthly meetings of the Executive were held, but the posts of Vice-President and Councillor were at that time sinecures.

#### INDEPENDENCE.

Shortly after this (1909) it was felt that the School need no longer be a burden on the Association and its funds, and by mutual agreement the School became an independent body, the parting being entirely friendly. The "deed of separation" recognised the indebtedness of the School in its early years to the sympathy and financial aid of the Association; the Association wished the School God-speed and expressed its readiness to give favourable consideration to any appeals for aid its now fully-grown offspring might require or desire to make for help or counsel, but accepting no further responsibility to finance it. The friendly connection is maintained by the fact that Mr. Stilwell, a member of Council of the British Homœopathic Association became a Vice-President of the School, while Mr. Knox Shaw and myself, members of the executive of the School, are also members of the similar Committee of the Association. Mr. Stilwell is also Chairman of the Board of the London Homœopathic Hospital.

In 1909 we had the misfortune to lose our President by death, at the advanced age of eighty-two. Captain Cundy was a warm friend of the missionary at home and abroad; he was on the Council of the London City Mission and of the Church Missionary Society. In 1911, after an interval when we were without a Presi-

dent, the Rev. J. Stuart Holden kindly consented to accept the post. Mr. Holden has a wide knowledge of missionary work all over the world and is officially connected with various missionary efforts in China, Africa and South America. As regards medical belief, Mr. Holden approves of anything which does good, and as regards Homœopathy, his attitude is "almost thou persuadest me." Mr. Holden has shown an enthusiastic interest in the School.

For some years the Council (non-medical) and the Executive (medical) have held joint meetings and at present these take place three times a year.

The professional management of the School remains as before in the hands of the Executive, but that Committee feels that its hands are strengthened by the knowledge and experience of the General Council and expects as its members gradually take an increased interest in the School that its work will undergo a large development.

A *Ladies' Auxiliary* has recently been formed, and it is believed that their efforts will greatly aid in making known our work.

#### CURRICULUM.

When a student enters the School he or she signs an undertaking not to call himself or herself a medical practitioner, and it is understood that the training is not intended for use in this country, where there are properly qualified doctors enough for all purposes and altogether too many amateur doctors.

Each session has three terms. The training includes systematic lectures, beginning with Anatomy and Physiology, which subject is repeated in January—the Winter term. It is most desirable that all students should begin in October and take the whole Session. With many this appears to be impossible; no red-tape regulations are made, therefore, and students are admitted for any part of the training—or for any single subject. The other subjects taught include First Aid to Injured, lectures on Medicine, Surgery, Diseases of Women and Children, of the Eye, Ear, Throat, etc., Tropical Diseases and Hygiene, Obstetrics, Nursing, etc.

In addition to the formal lectures, students receive personal instruction in the wards and, especially, in the out-patient department; they sit with the doctors, hear the descriptions of the patients' ailments, examine them under the doctors' guidance, see the treatment employed and its results.

Special bandaging classes are held, and students see the dressings applied and later have an opportunity of doing some of the dressings themselves.

Dentistry is taught by means of lectures and practical instruction in extractions and fillings.

During some part of the course they go into the wards and learn some of the practical duties of nursing.

Examinations are held from time to time and prizes are awarded of a nature likely to be helpful to the winners in their medical work. In most years these prizes have been provided by the generosity of friends and have been named after the donors.

The features of the London Missionary School of Medicine, which distinguish it from those of kindred institutions, are these: Here, first an endeavour is made to meet the needs of all classes of students—those who have time for the whole course and those who have only a few weeks at their disposal. Secondly, elasticity is permitted as to the subjects taken. Any one subject or any subjects may be selected by the students, if necessary. A third feature is the central position of the School and the concentration of most of its work under one roof; fourthly, the unsectarian nature of its teaching, and fifthly, THE UNIQUE FACILITIES OFFERED TO WOMEN.

I have already said that most of the teaching is given in the London Homœopathic Hospital. The best description I can give you of this Institution—the home of the School—is by showing you a few lantern slides of various parts of it.

#### PERSONNEL.

We have had a total of 225 students since the School started nine years ago. These are now scattered over the globe—from South Africa to Mongolia; from China to Peru—from Iceland's snowy mountains to India's coral strands. I must read you short

reports from some of them to enable you to judge how our students acquit themselves when brought face to face with disease and accident.

One of our students, Mr. Job, after being out in Peru about three years writes, "I have been successful in many things, from the extraction of a human tooth to the sewing up of a large tear in the stomach of a horse with a darning needle and a piece of hair taken from the tail of the poor animal," he also narrates the case of his own child, who, at the time of writing, he says was a lovely child of eight months. "When five months old she had an attack of measles, followed by an acute attack of gastro-enteritis, which we were successful in treating, when congestion of the brain set in; by this time the poor little thing was reduced to practically nothing but skin and bone; her large blue eyes had sunken back almost out of sight, and she looked an object of misery as she lay on her back screaming and grasping frantically at the air. It was a long and anxious evening, and by midnight our hopes had almost expired. Nothing seemed to bring relief and we felt that the little one whom we loved so dearly was going. Then just at the last moment, as it were, I was directed to *Veratrum Vir.*, which I immediately felt was the remedy. But I did not have it in my medicine chest, so I ran to a fellow worker who happened to have a little, which he had got from Cuzco just previously for a case of sunstroke. I ran back and commenced to give it every fifteen minutes, and within an hour there was an undoubted change for the better. The little patient was much quieter, her quick pulse had fallen by about thirty beats to the minute, and she began to sleep for the first time for over twenty-four hours. Next day Mr. McNairn and Nurse Pinn came from Cuzco to our aid and helped us nurse our little one back to health."

From another worker in the same district, this time a lady—I may say by way of parenthesis that the ladies usually do best at the hospital and carry off the prizes, and are in no way behind-hand in the rough work of the battle-field of life—we have the following: "In the dentistry line, I have quite a lot of

extractions to do, as since Dr. Glenney left us there is no one else on the station to do it. I sincerely trust that Miss Pinn has not been allowed to shirk this part of the training as I am looking forward to letting her share in this work. I WISH WE HAD A PROPER DENTAL CHAIR, AS IT IS DIFFICULT TO MANAGE WITH AN ORDINARY DINING ROOM ONE !

“ You will be interested to hear of a case in Surgery I had recently. It will prove that the teaching I had in that subject was not thrown away. One Monday afternoon, while I was out at the Women’s Meeting, a telegram arrived from Urco, the farm belonging to the Mission, asking me to come at once as ‘ Domingo,’ had cut his face badly. ‘ Domingo ’ is a little Chetchua Indian boy, brought from the Montana by Mr. and Mrs. Johnston, friends of our mission. A second telegram arrived to say that ‘ Domingo ’ was crying for his ‘ Mother ’ (Mrs. Johnston), so she arranged to come with me. Knowing the difficulty of hiring horses here in Cuzco, Mr. Payne sent two in from Urco ; they arrived at 8 p.m., and having been fortunate enough to procure a mule for the man to return with us, we started at 10 p.m. on our ride of eight leagues. For two hours we had a little moonlight, then the darkness, the roughness of the road and the tiredness of our horses hindered our progress. Fortunately the roads were dry, and therefore light in colour ; as Mrs. Johnston rode a white horse, while she was in the lead, I could see something.

“ In due time we arrived at Urco, and were welcomed by Mr. and Mrs. Payne. We found that the latter had been up all night with the little sufferer, who had not been able to sleep. As he was then quiet, we had breakfast before attending to him. On examination we found a long gaping cut on the side of the nose, which had perforated the nostril, and the left eyelid was very much swollen. There was also another small cut to the inner side of the eyebrow, but that was unimportant. We gave chloroform, then I washed the wound well and put in five stitches, one of which had to take in the small cut as well, as it was so close to the other. Next I turned my attention to

the eye, for which I had grave fears ; alas, on examination I could see nothing but a bluish mass—all that was left of it. As Mr. Knox Shaw did not tell us how to mend broken eyes, I just kept the cavity well washed with boracic lotion, and later the boy was taken to Cuzco for treatment."

The Rev. T. A. Cape, who was one of our first students, says: "My experience is that a missionary abroad, whether trained or untrained, *will* do medical work. The missionary will always have the natives come to him for treatment, and it is a painful thing if he has, through ignorance, to say 'I can do nothing for you.' I am deeply grateful when I think how useful the things I learned at the London Missionary School of Medicine have been to me in my work abroad, grateful for my own and my work's sake, and glad for what I have been able to do for others. When I first came to India, they sent for me to see a little baby . . . suffering from bronchitis. I had a very anxious time with that baby, and visited it twice a day. I thought at first that it was going to die, but gradually it got better, and at last it was quite restored. Then I said, 'It is all right, I shall not come again.' Then the mother took up the black baby and put it into my hands and said, 'Sahib, it is yours now.' Of course I made haste to give it back again."

Mrs. Duncan White, writing from Bengal, says that though she had only two months at the London Missionary School of Medicine, she has found the knowledge gained most useful. She sees many cases of cholera and plague, but does not often treat them. They are nearly all native cases and are so badly nourished that they do not stand much chance of recovery. Even in India where there are many native homœopathic doctors, she recently had to send from Dhambad to Calcutta for medicine for a child of three, who had had punched-out ulcers on legs and arms for months. Mrs. Duncan White prescribed *Silicea* and an ointment of *Lycopodium*, which the baby's mother said acted like magic and cured the patient in a fortnight.

Miss Akers from Shih Tao, *via* Chefoo, while learning

the language, treated some cases. One was that of a boy with terrible injuries to the eyes and two fingers, caused through playing with a gun. One eye was destroyed, but the other, "thanks to the knowledge gained at the Homœopathic Hospital," she was able to save. She operated on the middle finger and removed the shattered pieces of bone, after which the finger healed beautifully and was not at all unsightly.

How missionaries can be useful to their own fellow workers is narrated by Mr. Walker, of the China Inland Mission, who had to look after two of his party who got cuts on their foreheads down to the bone. These required several stitches and with aseptic dressings healed almost without scars.

Malaria is very prevalent in British Guiana, and Mrs. S. Smith, who, as Miss S. Pegg, was with us some years ago, tells us she treated her husband, who had a temperature of 104, after he had taken a large quantity of Quinine without relief; she gave *Arsenicum* 3x, and after a few hours the fever left him.

In the case of a child with bad diarrhœa and vomiting, she feared the responsibility, and sent it to a doctor in the town (Henrietta, Essequibo). A few days after the child was brought back, because, after taking three bottles of medicine it was no better. After one dose of *Veratrum alb.* the child began to mend and was soon quite well. In this district seventy-five per cent. of the children have enlarged spleens.

Mr. Masters writes that when his little girl was born he had to be "doctor, nurse, mother and father," all of which posts he seems to have filled nobly—at any rate, "everything was quite satisfactory."

A testimony of another kind comes to us from a worker in Tripoli, who had been there before she came to us. Before she returned she had to nurse her father in his last illness, during which time he said to her "that it was well worth the fee at the London Missionary School of Medicine for the comfort she was able to bring to him."

For a time after returning to Tripoli she worked with a doctor who was opposed to Homœopathy, but after seeing her work he remarked what an advantage even

a partial training was over none at all, and after she assisted him at an operation he turned to her and said, "you have done very well, nurse." After this doctor left she had the responsibility of over 1,000 cases a month—malaria, enlarged spleens, dysentery, cuts, burns, and many eye cases. Carbuncles in old people are serious, but she records the successful treatment of one. For her services she has been offered a Turkish bath, a big candle, eggs, an armful of radishes, etc.

Mr. Cartwright, already quoted, writes thus: "The people about us are always fighting. Every town, or village, or tribe is at enmity with the next one; so when they meet there is a big hubbub and they fight and get bad wounds. One man had been stabbed with a tremendous knife, such as they carry, and had received a bad wound in his side, cutting through the muscle down to the bone. The same man had also been struck across the thick part of the calf of the leg with a spear; it looked as if either wound was sufficient to bleed him to death, and when he was brought in I could not feel his pulse, and said 'I believe he is dead.' With the help of injections of *Strychnine* he rallied, and we stitched up his wounds; after careful nursing he got quite well.

"The same day another man was brought in with a terrific gash across the top of his head. An arrow had struck him across the right eye and passed under the flesh along the skull to the other eye. I thought that the man would die, but he completely recovered. And there are one's fellow missionaries. One of my comrades suffering from malaria had hyperpyrexia—temperature 106, still rising. You have to know just what to do and to do it quickly. I was able to give a bath with such effect that the temperature came down and probably saved his life."

A speaker at one of our annual meetings, Mr. Hodge, said: "A short medical training brings with it a moral influence. If you spend three or six months here as the case may be, you are not a coward in the presence of disease, as you otherwise might be. I have found this true myself in India. We had to pass through great epidemics of plague; the pestilence was 'stalking



through the land' and the very atmosphere seemed oppressive and diseased. The fact that we had a little medical training gave us moral courage to visit the people in their homes and to do something for them.

"The natives expect you to know everything. Once in an unguarded moment I asked an Indian villager the simple question, 'do you think it is going to rain?' He answered me in this fashion, 'If *you* do not know whether it is going to rain or not, who on earth does?' That is exactly the position they take up in the matter of medical help—if you do not attend to their ulcers and abscesses it is because you will not, not because you cannot."

Miss Crawford, who is working in China, writes: "I am now on a visit to a friend who has taken to homœopathic medicine although he has had training in allopathy, he has kindly written out the following for me to send to you, I hope it may be of interest. 'Commenced in 1911 with low potency 3x-6x and was very pleased with result, compared with what one got in the old school treatment. This year I began using higher potencies, 30, 200 and 1,000, and have had far better results, especially with 200 and 1,000. I have seen altogether about 3,200 patients this year, and the fame of the "little globules" is spreading throughout the country district, some patients have come from a distance of 100 li or more. It is difficult to get the case taken according to Kent's "Generals and Particulars," for the Chinese are materialists and like to dwell on the *particulars*, but when one does get to the "generals" the results are gratifying to both patient and prescriber. I could give details of some very interesting cases, but space forbids. I had a good result in a case of typhoid lately—a very serious case, of a young man who is a native of Shanghai. Having had intercourse with foreigners he had every confidence in us, which is everything, for the Chinese change their doctors almost daily. After a few days observation, typical *Rhus* symptoms stood out plainly and three doses of the 30th potency brought down temperature, took away delirium and took patient on to convalescence without any more medicine. He did

not gain strength as quickly as he desired, and asked if he should take some iron tonic, of course I said *no*, and four doses of *Carbo veg.* 30 made a different man of him, for before taking this he feared cold and any exertion tired him, but he soon felt strong and well. Another man, a teacher in a school here, had the same disease, but trusting to Chinese doctors, died in three days after taking their medicines.' "

Miss Jordan writes from Central Africa : " We make use of all three methods of treatment, Homœopathy, Allopathy, and Antipathy ! You may think this is strange, but we carry out Dr. Deane's advice, ' If you haven't got what you want, use what you have.' At different times of the year the natives seem to have epidemics of diseases of one kind or another. At the end of the dry season nearly every one had bad eyes, and I believe I mentioned in my last letter how much I enjoyed attending to these, and by using Mr. Knox Shaw's remedies, every patient whom we treated recovered, and that very quickly. Just after the rains commenced we had quite an epidemic of dysentery. The heavy rains washed all the dirt and rubbish into the little rivers and the people were careless in getting their water, so we had a few very busy weeks, continually running down and up the hill to carry medicine, soup, etc., to the village. We followed Dr. Deane's instructions, half a grain of *Opium*, followed in one hour by twenty grains of *Ipec.*, followed by several doses of *Epsom Salts*, and I am thankful to say all our patients recovered, although some were really very ill. . . . Sometimes the natives will refuse all medicine, food, water, and everything, and simply lie down and die ; this is the case if they think they have been bewitched, they say ' No, medicine is no use, I am bewitched, I shall die anyway.' In one case one of the missionaries said he had a medicine for witchcraft, and got the patient to take it and he recovered, but this will not always act."

Mr. Maisey, of British Central Africa, writes : " Since our being here the natives have put us up a temporary hospital and already we have several patients in it ; one is a woman who was caught by a

lion, the wounds are healing up nicely ; several others are suffering from dysentery. Recently two men were brought to the station having been mauled by a leopard, and each of the wounds required several stitches. The knowledge I gained at the London Missionary School of Medicine has proved invaluable ; we have no doctor within a hundred miles. I am often called long distances by night as well as by day."

Miss Brittle sends us an interesting account of a patient she recently treated. She says "the patient seemed unwell and anxious, had a little cough and complained of a sharp pain in her left side when she breathed. She was put to bed, hot fomentations applied and *Bryonia* 3x given. (Temperature not quite 100.) Very soon it was noticed that there was practically no cough, temperature fell to almost normal, no pleurisy sounds could be heard with the stethoscope and yet the pain continued. Then Gatchell's text book described the false pleurisy, a neuralgia in the intercostal spaces—treatment as for fractured rib. Accordingly the patient's ribs were tightly fixed in that manner by plaster three inches wide and this was left on for ten days. After two days the patient was up and about and has had no return of the pain."

Miss Burckhardt writes from the Malabar Coast : "It is always a joy for me to look back to the time I was allowed to spend at Great Ormond Street, and often I am talking to my fellow missionaries about the things I saw and learnt."

One of our students, who is also a trained nurse, has had, for many months, to play the part of a doctor, having full charge of a hospital in the absence of any qualified medical woman ; she has recently sent me a remarkable but condensed account of her responsibilities. She writes : "We are very busy indeed, and it is almost more than I can get through with only two little Chinese nurses to help. The senior nurse has only been with us about fourteen or fifteen months, and the younger one not a year, but they have got on splendidly, and are able to do nearly all the out-patients' dressings. We are now having over 1,000 patients per month, so that there is a good deal to

do ! I have all the prescribing, dispensing, opening abscesses, whitlows, etc., taking out teeth and writing up the books and prescription papers. I keep an eye on the nurses all the time and see every patient. Our in-patients, too, have increased a good deal ; last month we admitted forty, which was the most we have ever had in one month.

"The new wing of our Hospital is a very great comfort. We have such a nice out-patients' hall, dispensary, consulting room, mortuary, great hall, and four private wards, as well as nurses' room and drug store. We are having many of the wealthy and official classes, who pay good rents for private rooms. We still have insufficient accommodation for them, so I have been negotiating about buying another adjoining tumble-down house, and the purchase will soon be completed I think, and by the spring we shall have a few more private wards."

I do not wish you to suppose that our students never make mistakes ! Is there any fully qualified doctor who never makes mistakes ? Of course critical people who sit at home in their ceiled houses say, "A little knowledge is a dangerous thing." It is hardly an original observation ! The *thoughtful man* at home says, "A big ignorance is vastly worse." But the all persuasive answer from the practical man in the field comes, "A LITTLE KNOWLEDGE IS A BIG HELP." I hope that you will agree with the practical worker and that you will think that the London Missionary School of Medicine does well to supply that knowledge.

"ALL SHOULD TRAIN."

In concluding, I venture to claim that there is hardly one in this room who should not be interested in our School for one reason or another ; first, on the comparatively narrow and specialised ground of its unique medical and scientific position ; in addition to teaching the elements of medicine as commonly taught elsewhere, we supply the beginnings of a knowledge of homœopathic treatment, and we endeavour to give it its due place in therapeutics. How great an advantage that knowledge gives its possessor you may have gathered from some of the experiences narrated to-night ;

if you have not, I can only say, make the experiment for yourselves the first time you have a chance. In the second place this work may well appeal to you on the ground of philanthropy—the love of our common humanity, and that sometimes at its weakest and darkest ; the love too, perchance, of our nearest and dearest ; for now-a-days how many of us have dear ones in the distant parts of the globe !

Thirdly and lastly—and if last not least—to many it will appeal as a powerful auxiliary to the spread of the Gospel of God, which brings life and joy and fruitfulness into dead hearts and spirits of men and women both at home and abroad.

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### ONE CAMP.\*

DR. M. L. TYLER.

MR. PRESIDENT AND GENTLEMEN,

So long as man's mind is finite and truths go to make truth, we shall not see eye to eye. Perhaps a world of perfection and definition, a world in which there could be no questioning, no arguing, or disputing, might be deadly dull ?

Perfect Light—perfect truth—pure, white, dazzling ! but let them fall on a thing of many angles and imperfections, and they are distorted and broken up, and split into their component parts ; and instead of the pure unquestionable ray, than anyone but a blind man can swear to, you have a band of brilliant colours. And one man will gloat on the red of the spectrum, which appeals to him ; and another is red blind, and sees blues and greens only, with a dash of yellow, and absolutely no orange or purple ; while a third asserts that to him are visible the ultra-violet rays, and perhaps rays of higher or lower vibration, dark to the majority of mankind, at one or other end of the common spectrum. And now gather the whole bundle of colours together, and set them spinning, and you will

\* This paper was presented to the International Congress but contains matter of such permanent importance that we make no apology for reprinting it. (Ed. H.W.)

see them blend, and fuse, and fade, and merge again in dazzling white.

So with truths!—but who, in this brief life-span, can gather the whole bundle together, and set them spinning and blending and merging in his brain, and attain—*Truth*?

In the meantime, a man can only swear to what he actually sees: will only love and follow what appeals to him: and this he will make his own. And his mind, concentrating, narrows its field, as it perfects its minuter vision; and he will use an iris diaphragm to shut out much of the light, in order to concentrate all his powers on the subject of his research; while another man, looking down through the adjustments of his lenses, sees absolutely nothing!

Of the many truths that go to make up truth, one appeals to this man, another to that other—and both are right—so far as they go!—all converge, if the lines are produced, towards some grand, distant centre, in the very heart of things.

Rays of truth (as we trust) are falling among us to-day, through that chink in the dark curtain that we call Science; but we each see a different ray, and absorbed in what appeals to us, in what we have known and studied and made a part of ourselves, we toss impatiently at all that does not, on the surface, fit in with that which we have made our own; perhaps the lines are so close and short that they seem to be parallel, as if they would never cut!—so we question fiercely, and fling words about.

Those among us, for instance, who live with eye glued to microscope, who handle and culture and slay and work in the toxins of (or associated with) micro-organisms, are naturally absorbed in the contemplation and the potentialities of this great world of the infinitely little; and who shall blame them if they almost come to believe that the whole therapeutic realm lies at their feet? While those among us who see diseases associated with bacteria clear up rapidly before a few doses of a well-chosen homœopathic remedy, administered in deference to law, learn to think less of the specific organism, and more of the patient;

till we actually begin to question whether the organisms are causal at all. *But are we not absolutely on the same ground—resistance?—the resistance of the patient?* Is not that, after all, the one vital factor—to the patient?—and how best to raise a deficient resistance, how to restore immunity, is not that the factor of importance to the physician if he is to *cure*; and that whether he chooses his remedy from mineral, vegetable or animal kingdom, or from venoms, disease-products, or germ-cultures. Because to cure any patient, *the patient has really got to be made to cure himself.*

We, the homœopaths and the bacteriologists are in the same camp—the camp of scientific medicine—medicine administered in accordance with *Law*, not fancy, or authority, or tradition, or blind or senseless experiment. Shall we not, to-day join hands, and conquer!

Hahnemann says, “*to cure mildly, rapidly and permanently, choose, in every case of disease, a medicine which can itself produce an affection similar to that sought to be cured.*” “*A medicine which can itself produce an affection similar to that sought to be cured.*” That is Homœopathy in a nutshell! And how much nearer is it possible to go, in following Hahnemann, than with the toxins of the disease itself—perhaps preferably prepared from the patient’s own disease, as nearest of all?—but rendered into “*simillimum*, not *idem*,” as Hahnemann quaintly puts it, when discussing *Psorinum* and the isopathic remedies (disease-products used to cure disease)—rendered into *simillimum* not *idem*, by trituration and potentisation. Or, as Hahnemann says again, “*Isopathy administers only a highly potentiated, and as it were, altered miasm to a patient.*” And surely Hahnemann was right?—they are no longer the same, only similars; for by trituration and shaking up in alcohol the organisms are killed, toxins are set free, and you are no longer dealing with tuberculosis or plague, but with the toxins of these diseases. For instance, when you grind up plague, and a man inhales the fine dust and perishes, he is dying of a like disease, *simillimum* not

*idem*; for there are no organisms multiplying in his blood—or we may suppose not.

We who are homœopaths, who deal with potencies, and have tasted power—the most intoxicating draught that life affords—must surely hanker after further power, absolutely our own; for we are bound to remind ourselves and the world that here, *in disease products used scientifically for the cure of disease, according to the great law of healing—the Law of Similars*, Hahnemann and his immediate followers were first in the field, half a century before Koch and his illustrious followers.

Had Hahnemann been with us to-day, he would undoubtedly have been first and foremost in the field of “*nosodes*”—“*vaccines*”—whatever you choose to call them. We *know* it, for he was already there some eighty years ago, in the first volume of his *Chronic Diseases*. And the most enlightened of his disciples, following him, and preparing their drugs safely and potently, as he directed, have each time been first, with *Hydrophobinum* (or *Lyssin*), with *Anthracinum*, with *Tuberculinum* (which they afterwards called *Baccillinum*), *Variolinum*, *Vaccininum*, *Malandrinum*, *Syphilinum*, *Gonorrhinum* (or *Medorrhinum*), *Hippozæmium*, and a host of others. Lux, Hahnemann, Hering, Swan, Burnett, Heath, were always years ahead, sometimes half a century, of Pasteur, Koch and Wright; *and were curing safely all the time*; while allopathy, in rediscovering Homœopathy, and adopting it without a care for its methods and deep knowledge, has strewn the earth with victims all along the line.

It was in 1831 that Hering suggested the prevention and cure of hydrophobia and variola by the proving of their morbid poisons; and in 1833 he introduced *Lyssin* prepared from the saliva of a mad dog. It is a curious fact, that radiant heat, also proposed by Hering for the cure of bacterial diseases, should also have been discovered by Pasteur. One wonders whether Pasteur's first inspiration came from Constantine Hering.

*Anthracinum* seems to have been next in the field, prepared from the spleen of animals affected with



anthrax by Dr. Weber (according to Hering's propositions which appeared in Stapf's Archives in 1830). In 1836 Weber published a treatise in Leipsic on cattle plague treated by *Anthracinum*—also of men similarly affected; in which he claims to have cured every case. Others followed him. But the matter was severely ignored by all but the homœopaths.

Swan introduced *Gonorrhinum* and *Syphilinum*; he published the provings of the latter in 1880. His *Morbific Products* was published in 1886.

Burnett learnt to administer the virus of disease therapeutically from Dr. Skinner in 1876. His "Eight Years' Experience with *Bacillinum*" was published in 1894 (his first edition, of five years' experience in 1890). And in that book he writes already, "*There are but few viruses known to science that I have not used as therapeutic agents.*" Those who have studied his books know to what effect he used them. I gather that Koch's claims, in one nosode only, date from about 1890, the time when Burnett published "Five Years' Experience with *Bacillinum*, the new cure of Consumption," and fifty years later than Hering's great departure. And though many Homœopaths have decried and repudiated and loathed these powerful medicinal agents, leaving them, time and again, almost unmentioned in otherwise invaluable treatises—such as Farrington's *Clinical Materia Medica*, our most enlightened men have been quietly using them, and scoring heavily by their use, from the very first.

For whether bacteria are the cause or the consequence, or the constant accompaniment of the diseases with which they are associated,—whether the important factor is the virulence of the germ, or the lowered resistance of the patient—or perhaps his forefathers; or an equation drawn from these factors—and others; there is no question as to the fact *that disease products are the most powerful weapons we possess in combating disease; and that they are pure Homœopathy, whoever uses them, however prepared and under what name.* And it is only by their homœopathicity that they do cure (like all other homœopathic remedies) *by stimulating the resisting powers of the patient.*

So that the only question—and it is a wide one—is how best, *and how most safely*, to use them.

Now it was my little paper on Burnett, five years ago, that first introduced Nosodes into the sphere of practical politics at the London Homœopathic Hospital. I was then told by men who are ready enough to inject them now in bulk, and to suffer them injected, that they were filthy things, even in the zooth potency; things that they would not swallow themselves, and therefore would not give to their patients.

That phase has happily passed; events have marched rapidly in the last five years. Nosodes have been swallowed, and continue to prove their usefulness; not superseding other homœopathic remedies, but stepping into the breach where they alone are truly homœopathic. and where they alone can supply the whole depth of homœopathicity. But now even the nosodes are being set aside and superseded by "*vaccines*," preparations by more scientific men (as we reckon)—men more up-to-date in modern technique, at any rate; for the most advanced modern science is only just beginning to make Hahnemann scientific! Hahnemann who lived a century before his time.

So once again I must raise my voice to plead for the homœopathic preparation of disease-products; in high or low potency, according to the urgency of the case; but *given by the mouth*. Think! in all the years that we have used these terrible remedies *we have had no victims!* Surely that speaks vastly for the system of Hahnemann? Can those scientists who have re-discovered Homœopathy, and who seek to apply it without its laws, its methods, its safeguards, its philosophy, say as much? Think of their victims!—and the tale is not full!—the slaughter is only beginning! By all means let our nosodes (or whatever you choose to call them) be prepared in the most scientific way, by the most scientific men, and subjected to every scientific test that can be devised; but, for heaven's sake, don't let us kill off our whole laboratory staff every time we open the grinding machine; even to re-prove Hahnemann's great discovery of the development of

power by trituration, and to point his dictum as to the danger of prolonged trituration; and in his day that was, of course, only done by hand!—*dangerous if prolonged beyond one to three hours*, he says!

Again, by the homœopathic method of preparing and administering drugs, you absolutely eliminate another great danger—the laboratory boy. A little carelessness somewhere has meant the death of persons by the dozen, and that more than once, in India and America; and these not sick persons either, mind you! but healthy persons, merely afraid of sickness, who might never have become sick, or becoming sick, would certainly not *all* have died. It is a terrible thing to kill healthy children or men, in order to prevent them from becoming ill; it is a pretty drastic measure, anyway; if the only sure one! I should be in favour, in such cases, of hanging the doctor as well as the laboratory boy. If this were done once or twice, homœopathic methods would begin to boom, and speedily become quite the rage in our profession.

Gentlemen, I thank you for listening so patiently, I have delivered my soul.

## SOME CLINICAL EXPERIENCES EMBRACING TREATMENT.

BY LEON BRASOL, M.D., St. Petersburg.

(continued.)

### A CASE OF DOUBLE DEEP DIFFUSE INFLAMMATION OF THE CORNEA.

ON February 20th, during my hours of reception, a young lady entered my consulting room, holding by the hand a little boy, about seven or eight years old. The boy helplessly followed the lady, who proved to be his mother, and at a first glance he gave the impression of a blind boy, to whom it was quite impossible to find his way about. Hiding her emotion with difficulty the lady turned to me with these words: "Doctor, look, is it not possible to save my son's sight?" I looked at once and saw the total grayish-white opacity of the two corneas which had a dull

appearance, quite like opaque and totally untransparent glass, through which it was impossible to distinguish the colour of the iris, also the size and shape of the pupils, and still less possible to examine the fundus of the eye with the ophthalmoscope. The opacity occupied the deep layer of the two corneas, appearing rather unequal and showing in places thicker and forming around the centre of the corneas a ring-shaped thickening of milky colour. The superficial layer of the corneas, even in looking with the naked eye, but still better with the side light, had not the smooth and polished appearance, as usual, but showed a fine rugosity as if the corneas were thickly covered with the smallest of pin pricks. In addition to this, the white of the eye was exceedingly red, especially round the corneas, showing pericorneal and episcleral injection, but without marked sensitiveness to light, also there was no lachrymation and no general irritation of the eyes. The pain on touching the eye was very little, and if not touched there was scarcely any. The principal and nearly only symptom was the almost complete loss of sight; the boy only distinguished light from darkness and scarcely saw the movements of the hand when held up at a short distance from the eyes, but could not count the fingers on that hand, nor could he mark the form and shape of large objects.

The diagnosis offered no difficulty; we had to do with a deep diffuse inflammation of the two corneas, *Keratitis interstitialis s. parenchymatosa diffusa*.

- On inquiry, it was proved that on January 20th, the mother remarked the limited and painless opacity in the two corneas of her son's eyes in the form of a light semi-transparent cloud, which was running upon both corneas from the right side, that is to say in the right cornea it went from the exterior and in the left from the interior corner of the eye. Although the small cloud had not got to the pupils, and did not appear to disturb the sight, all the same the anxious mother on that very day took the boy from Little Vishera (station Nikolæski railway) where she lived, to St. Petersburg, to Dr. M. Doctor M. at once informed

the mother that the illness of her son was serious, that it could not be cured at once, and that it must take its course and would be a lengthy thing. He also expressed the suspicion that the boy was infected with hereditary syphilis and that she must take him to the eye hospital and have a specific treatment.

In order to verify the opinion of Dr. M. the mother took her son the very same day to another well-known oculist, Doctor T., who confirmed that the boy's illness was dangerous and would require not less than four months treatment. As to the cause of the illness Doctor T. was more inclined to ascribe it to scrofula, and advised to try *Ferrum iodatum*.

On the 22nd of January, the mother took her boy to the hospital of Dr. M. and stayed there with him.

The following day they began the boy's cure with systematic mercurial friction, and placing within the eyes a small piece of the orange Pagenstecher ointment and subsequent slight rubbing of the eyelids with cotton wool. After eight frictions there was no improvement in the inflammation of the corneas, but at the same time the boy began to complain of pain in the right calf. This pain began in a slight degree on the 20th of January in the evening, the day when the mother first remarked the opacity of the cornea, but now it became worse, and besides this, there was also pain in the right knee and in the big toe of the right foot. On this account the leg was painted with iodine, and Dr. S. was called in for a consultation; he found a slight swelling in both knees and advised to cease the mercurial frictions and giving *Kali iodatum* with *Natrum iodatum* internally, and to put *compresses échauffantes* on the two legs, beginning with the toes and going above the knees, with strict orders to keep in bed and not to walk. Under this treatment of compresses and lying in bed the pain in the leg soon got better; all the same the compresses had to be continued for two weeks, the feet being tightly bandaged, and walking was always forbidden.

Two weeks' residence of the boy at the eye hospital, with daily applying of the Pagenstecher ointment, and during the first week eight mercurial frictions, and

during the second week three bottles of *Kali iodatum* internally, did not bring about the least amelioration in the condition of the corneas; the boy could still see, distinguish objects, and play cards with his mother; but the opacity did not disappear, but slowly increased, and the Doctors M. and G. were always surprised and vexed that the eyes did not become red, nor was there sensitiveness to the light or inflammatory irritation. For this reason, at the commencement of the third week, they had begun to make *compresses échauffantes* and bandaging of both eyes, during the whole of the night. Now the redness of the eyes began to appear and also a moderate sensitiveness to light; but at the same time, instead of the expected clearing, the opacity of the corneas began to get thicker and to cover the pupils and the sight grew dim. At the commencement of the fourth week *Atropine* drops had to be dropped in the eyes twice a day and the orange ointment and the compresses and bandaging of the eyes continued. But now the redness of the white of the eye began to increase still more, the opacity of the cornea increased considerably also and extended, and at last, the thick cloud covered both corneas and shut out all light to the eyes. The boy lost his sight. The doctors said to the mother that the disease spread deeper, and that now the treatment needed at least three months more, that there must be at least twelve mercurial frictions more and three subcutaneous injections of mercury and that, if there were no amelioration of the sight, then they must prick the corneas, but that in any case, the chances for a complete recovery of the sight were very small, and that the boy would scarcely be able to read with difficulty even with the aid of spectacles.

Having listened to the history of her boy's illness, I was not at all surprised at the prediction of the specialist concerning the very long duration of the illness, nor the ill-success of the treatment, as the protracted course of these forms of inflammation of the cornea, as well as the small success of its treatment, were very evident to me from my past allopathic practice as well as that from of the best ophthalmic

clinics and the best oculists that we have in St. Petersburg and abroad. Not long ago, during my stay in Vienna, I frequented the eye-clinic of Professor Stellwag and the Polyclinics of other oculists, and I can conscientiously say, quite without exaggeration, that the results of their treatment are not at all to be compared with ours. In fact, the prognosis, particularly, of this form of inflammation of the cornea is not unfavourable, as in most cases the cure takes place, but the course of the disease, according to the experience of all specialists and to the text books of the best authorities, is extremely long, so that, according to the words of Professor Schmidt-Rimpler (vide his manual), "months, even years can pass (page 484 of the Russian translation), and it is well to inform the patient from the beginning, that the illness will last some months." In this case, the doctors of the eye-hospital predicted a very lengthy duration of the illness and gave no hope of recovery of his sight to our boy.

I could not agree with the doctors of the eye hospital with regard to the boy's illness. The past history of the family excluded the plausibility of hereditary syphilis, and after most careful examination I found no objective ground for this supposition, further contradicted by the failure of specific treatment.

I removed the *compresses échauffantes* and all local applications and prescribed *Hepar Sulfuris* third trituration, four times a day one grain. *Hepar* has an elective relation to the eye and plays a very important part in most of the scrofulous diseases of the eyes and in particular of the cornea; but especially in its suppurative affections, as abscesses and ulcers of the cornea, it is an incomparable and matchless homœopathic remedy. In parenchymatous keratitis also it has repeatedly and undoubtedly been of great service to me. In this case I had stopped at *Hepar* also for the reason that the precedent *Mercury* and *Iodine* treatment had not been of any use whatever, but proved rather injurious, and *Hepar* is an important antidote to *Mercury* and *Iodine*. The first doses of *Hepar* already showed that it had a specific and direct action on the morbid process; and when I

saw the boy three days after, I could already affirm that the disease had stirred from its place and the absorption started. Just a week from the beginning of taking *Hepar* this visible amelioration was quite evident; the redness of the white of the eye quite disappeared, and both corneas were evidently getting clear. Now one could already clearly see the normal pupil and distinguish the colour of the iris; and the boy, who, a week ago, could not walk without someone's help, who at a distance of seven inches could not distinguish an apple, and a few paces off from him had not seen even larger objects, now began to distinguish things; he could find his way about in the room, and could count how many fingers were held up before his eyes. Again, after three days more, the regressive course of the inflammation had made still further progress; the thick cloud which covered both corneas had dispersed and both corneas had equally and pretty considerably cleared up especially in the circumference; at the same time, the superficial layer which had an uneven and unpolished appearance, just as if it had been pricked by a pin, appeared now smooth and transparent; the sight also was correspondingly better, and now I could with confidence foretell a quick recovery. But it happened that after three days more the boy fell into a feverish condition and I discovered that he had the measles.

*Hepar* had to be put away, and on the scene came *Aconitum*, *Belladonna* and *Pulsatilla*. Soon it was seen that measles were progressing favourably, and without any influence whatever on the inflammation of the corneas; and it was interesting to observe that from the time when *Hepar Sulfuris* was stopped the whole process of resolution as it were stopped also, moving neither forwards nor backwards. On the circumference the opacity nearly disappeared, as it was before the appearance of measles, and increased no more; but in the centre of both corneas just against the pupils, there remained a light cloud, which still prevented clearness of the sight. On the tenth day of measles, after a full warm bath, we again returned to *Hepar*, and in less than a week the corneas quite cleared



up; the inflammation disappeared completely, not leaving any smallest trace of opacity; of the past illness no sign remained, and the boy now saw quite as well as he did before, and played more than ever, because under the influence of *Hepar*, the swelling and painfulness of the knee-joints and ankles also disappeared without leaving any traces.

This case may be regarded as a typical and characteristic example for a parallel between allopathy and Homœopathy. On one side the boy had to endure a very slow course of illness, and to undergo a systematic course of poisoning with *Mercury* and *Iodine*, with very little chance of recovery from the local inflammation of the corneas, but with undoubtedly bad and perhaps life-long consequences for the general condition of the system, having constantly the sword of Damocles above his head, threatening the puncture of the corneas and knee-joints, with the possibility of complete loss of sight, and in any case without hope of restoration or normal or tolerable sight from the part of the oculists. On the other hand, complete recovery of his sight in about two or three weeks, with preservation of health and inviolability of system,—to say nothing of the considerable saving of expenses, for the boy's mother had no large fortune, and every day of forced life in the capital was for her a heavy and cumbersome burden to bear.

(*To be continued.*)

STRYCHNIA PHOS. IN NEURASTHEMIA.—Trembling; twitching; jerking; weakness; prostration; vertigo; fainting; pulse irregular in frequency and force; tremor of the muscles of the arm on attempting to use them; contractions of the muscles of the extremities after using them even a little, this contraction is followed by weakness and trembling of the same muscles; vertigo and dizziness worse on going up or down stairs, or on moving the eyeballs up or down; vertigo changed to faintness on trying to go upstairs so that he must sit down; sensation as if the head were whirling or swimming; tongue moist and coated white; nausea with ineffectual attempts to vomit aggravated by rapid motion, but relieved by moving slowly in the open air. All the symptoms of this group are worse from rapid or violent motion, cold or wet, but all are better from rest, laying down and in open air, if not too cold. The circulatory organs and spinal nerves are at fault. The 3rd, 6th, 12th.—*Inter. Homœopathic Review.*

## HOSPITALS AND DISPENSARIES.

### CROYDON.

The Annual Meeting of this Institution was held on February 14th. The attendances have again risen, and number 5,261 in the year, 753 home visits and 327 dental attendances. The balance in hand is also a little more than that of last year, being close on £40; altogether an admirable report, as our readers will agree. Alderman Keatley Moore, at the meeting, delivered an illuminating address on the Insurance Act, especially in relation to Croydon and to this Dispensary, which was heard with deep interest and appreciation.

### FOLKESTONE.

OUR colleagues and friends at Folkestone have again a satisfactory year's work to report. 489 cases have been treated with only two deaths, and in addition the work of the Dental department has been much appreciated. There is a balance in hand, but it is less than that of last year, and the deaths of Sir Edward Sassoon and Mrs. H. Jenner have deprived the Committee of two influential helpers. Sir Philip Sassoon, we are glad to see, succeeds his father in the Presidency of the Institution, and we are sure that a good effort by all friends of Homœopathy in Folkestone will keep the Dispensary on a stable financial basis.

### LEICESTER.

LEICESTER has a hospital and a dispensary to report upon. The latter has had a good year's work and ends with a balance in hand of over £60. The Insurance Act will to some extent alter the character of the Dispensary work, and next year's report will be a very interesting one. As to the Highfield Hospital, this is the first full year's work in the new building, and the advance in capacity to take cases is shown by the rise of the inpatients from 69 to 101. Sixty-one operations have been performed, and twenty local

doctors have taken advantage of the fact that the hospital is available for patients of all registered practitioners. There is a deficit on the accounts of £62, but when the expenses of the first year are considered it will be realized that the financial position is a fair one and a big effort this year will put things straight. All good fortune attend the efforts of our colleagues !

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## SOCIETY MEETING.

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### BRITISH HOMŒOPATHIC SOCIETY.

THE fifth meeting of the Session took place on February 6th, at the London Homœopathic Hospital, Dr. E. B. Roche, the President, being in the chair. Dr. Cosgrove George was proposed for admission, and Dr. Andrew Cunningham elected. A letter was read from Miss Chalmers thanking the Society for its vote of condolence on the death of her father.

Dr. P. Hall Smith then read a paper on "Recent Researches in Rheumatoid Arthritis and Gout." It was well illustrated with lantern slides. Dr. Hall Smith began by commenting on the unsatisfactory nomenclature of the varieties of Arthritis, and suggested the possibility of distinguishing at least four distinct types ; although himself preferring a division suggested by Goldtwait into Infective, Atrophic and Hypertrophic. The infective origin of many cases was discussed at length, and the value of X-rays in diagnosis insisted on.

Dr. Sandberg then read a paper on the value of Isotonic Sea-water, especially in the treatment of Rheumatoid Arthritis. The author gave practical details of method and dosage and quoted results.

In the discussion that followed, Dr. Byres Moir, Dr. Blackley, Dr. Cash Reed, Dr. Miller Neatby, Dr. Eadie, Dr. Goldsbrough, Dr. Roberson Day, Dr. Burford and Dr. Hawkes took part, and the readers of papers replied.

The Dinner Club met as usual at the Holborn Restaurant.

# BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED).

## SUBSCRIPTIONS FROM JANUARY 16TH TO FEBRUARY 15TH.

GENERAL FUND.						£	s.	d.
Miss A. P. Fowler	..	..	..	..	..	1	1	0
Miss L. M. Fowler	..	..	..	..	..	1	1	0
Miss Laird	..	..	..	..	..	1	1	0
R. Callard, Esq.	..	..	..	..	..	1	1	0
Miss Shadwell	..	..	..	..	..	1	1	0
Dr. Barlee	..	..	..	..	..	1	1	0
W. H. Musgrave, Esq.	..	..	..	..	..	10	6	
Mrs. G. Smith	..	..	..	..	..	1	1	0
Dr. Murray Moore	..	..	..	..	..	1	1	0
Mrs. Cator	..	..	..	..	..	1	1	0
J. Ashton, Esq.	..	..	..	..	..	1	1	0
C. A. Russell, Esq.	..	..	..	..	..	1	1	0
A. Hamilton, Esq.	..	..	..	..	..	1	0	0
Mrs. Luard	..	..	..	..	..	1	1	0
Miss Dowland	..	..	..	..	..	10	6	
Mrs. Gladstone	..	..	..	..	..	1	1	0
F. Puzey, Esq.	..	..	..	..	..	1	1	0
Dr. D. Wright	..	..	..	..	..	2	2	0
J. B. Stillwell, Esq.	..	..	..	..	..	1	1	0
W. B. Stillwell, Esq.	..	..	..	..	..	1	1	0
J. P. Stillwell, Esq.	..	..	..	..	..	2	2	0
Miss E. Robertson	..	..	..	..	..	1	1	0
Rev. R. Upcher	..	..	..	..	..	1	1	0
Mrs. Butler	..	..	..	..	..	1	1	0
W. R. Moore, Esq.	..	..	..	..	..	1	1	0
C. E. Tamplin, Esq.	..	..	..	..	..	1	1	0
C. Knox Shaw, Esq.	..	..	..	..	..	2	2	0
Mrs. Tuppen	..	..	..	..	..	1	1	0
Miss J. Turner	..	..	..	..	..		5	0
Dr. W. Robertson	..	..	..	..	..	1	1	0
Dr. Stonham	..	..	..	..	..	1	1	0
Dr. MacNish	..	..	..	..	..	2	2	0
Mrs. Laing	..	..	..	..	..	1	1	0
Miss A. Keep	..	..	..	..	..	2	2	0
Dr. E. Pierrepont	..	..	..	..	..	1	1	0
Dr. Capper	..	..	..	..	..	10	6	
W. Foat, Esq.	..	..	..	..	..	1	1	0
Miss E. Gibb	..	..	..	..	..		5	0
Dr. March	..	..	..	..	..	1	1	0
Dr. Roberts	..	..	..	..	..	1	1	0
C. D. Tudball, Esq.	..	..	..	..	..	1	1	0
J. Holden, Esq.	..	..	..	..	..	2	2	0
Mrs. Cumming	..	..	..	..	..	2	2	0
Rev. S. Holmes	..	..	..	..	..	1	1	0
G. K. Smith, Esq.	..	..	..	..	..	1	1	0

DONATIONS.						£	s.	d.
Dr. Neatby	..	..	..	..	..	1	1	0
Miss Leila Laing	..	..	..	..	..	1	4	0
Master Shawcross	..	..	..	..	..	1	0	0
Mrs. E. J. Poole	..	..	..	..	..		10	0
Miss Blake	..	..	..	..	..		10	0
Mrs. Wooderson	..	..	..	..	..		10	0
T. Stevens, Esq.	..	..	..	..	..		5	0

An Extraordinary Meeting of the Executive Committee was held at 82, Wimpole Street, on Wednesday, January 29th.

The Ordinary Monthly Meeting of the Executive Committee was held at Chalmers House on Tuesday, February 18th.

The Beit Research Fund Committee has held two meetings, the first on Saturday, January 25th, and the second on Friday, February 14th.

## CORRESPONDENCE.

### THE CHILDREN'S HOMŒOPATHIC DISPENSARY THE NUCLEUS OF THE CHILDREN'S HOMŒOPATHIC HOSPITAL.

[TO THE EDITOR OF THE "HOMŒOPATHIC WORLD."]

SIR,—No portion of the community has benefited so much from Homœopathy as the children. Nauseous and powerful drugs have always been the bane of childhood. Yet we have been sadly behind-hand in providing for them in this great city of London.

While we find London supports *eighteen* special Children's Hospitals, not one of them is controlled by Homœopaths. The fact that these eighteen Children's Hospitals exist is sufficient evidence that *Children's Hospitals are a necessity*; and yet the Homœopaths have not one.

Now the time has come to remedy this defect. London, with its 7,000,000 inhabitants, can well support a second Homœopathic Institution. In America many small cities support several Homœopathic Hospitals.

It is proposed to open a Homœopathic Dispensary at Shepherd's Bush, which is central and easily acces-

sible by rail, tube, train and omnibus. It is in the midst of poor districts, *e.g.*, Brook Green, Notting Dale, Hammersmith, Brentford and Acton. A Hospital for children is badly needed here, the nearest hospital is at Hammersmith—the West London Hospital, a general Allopathic Institution. A suitable house can be obtained here at a moderate rent.

A medical and surgical staff of at least six members are prepared to give their services, as an Honorary Staff, some of whom are members of the Staff of the London Homœopathic Hospital.

This Institution will be for *Children only*, who are no longer the neglected units of humanity, but the hope of the future, and in establishing this institution we are offering them the best possible help in time of sickness.

Children are not provided for under the Insurance Act, and so will still need hospital treatment.

The scheme has been cordially approved by leading members of the Homœopathic profession, who speak of it as "greatly needed" and a "powerful means of disseminating a knowledge of Homœopathy." This is a point of great importance and will no doubt not be lost sight of by the British Homœopathic Association, whose propagandist work is doing so much for the cause.

This institution is to be worked on the same lines as other Metropolitan Hospitals; it will be a branch of the great Arbor-Homœopathica, and we confidently anticipate it will yield its fruit in due season—an hundredfold.

A Drawing-room Meeting is being arranged for the month of April, when the project will be fully expounded and funds appealed for. A Committee will then be formed, and work commenced as soon as possible. Already funds have been promised, and cheques received for this object. Any readers who would like to help in founding this Children's Homœopathic Dispensary can send their contributions to the *Editor*, who has kindly undertaken to act as Treasurer until this officer is duly elected.

I am, yours faithfully,

J. ROBERSON DAY, M.D.

## A NECESSARY CORRECTION.

SIR,—By some accident you have admitted to your valuable columns some startling inaccuracies. In your January number you quote (p. 38) a curiously erroneous paper by Hr. Prinzing, to the effect that :

"In 1869 small-pox raged in France, especially where the war was carried. Whilst our well vaccinated troops only suffered slightly, 200,000 French died of small-pox in France."

Hr. Prinzing is quoting a long exploded fable. The slightest care would have shown him that 200,000 deaths imply about 2,600,000 cases ; more than all the French armies in the field could muster. And he neglects the fact (recorded by Dr. Bayard in October, 1872) that every French recruit was, "*sans aucune exception*," re-vaccinated on joining his regiment. The fact that, owing to depression, starvation, insanitary conditions and neglect, the unfortunate French soldiers suffered more from small-pox than their equally re-vaccinated German antagonists, hardly demonstrates that vaccination is a relevant factor in producing the result.

But if any doubt remained as to the worthlessness of any statistics put forth by Hr. Prinzing, it is dissipated by his astounding inaccuracy respecting the deaths from small-pox in the well vaccinated and re-vaccinated population of Germany in the epidemic of 1871-72. Instead of 17,000, the deaths were no less than 124,948 in Prussia alone. I conjecture that he was thinking of the 17,038 persons of all ages who, though vaccinated, took small-pox in Berlin alone. As Homœopaths value accuracy above all things, I trust you will publish this correction.

I am, etc.

Edgbaston,

A. PHELPS.

February, 1913.

## CHOLINE IN TARAXACUM ROOT.

[TO THE EDITOR OF THE "HOMŒOPATHIC WORLD."]

DEAR DR. WHEELER,—The recent recommendation of *Choline* is in no way an original one ; the originally introduced remedy for cancer was the closely

related *Neurin* ( $C_5H_{13}NO$ ), which differs by one Molecule of  $H_2O$  from *Choline*: it is the "Cancroïne" inaugurated by Professor A. Adamkiewicz at Vienna, whose book I referred in my "Krebskrankheit"; the author himself I saw one week ago at Vienna, in consultation on a cancer case. Prof. Werner Heidelberg mentions the relation of his remedy to *Neurin*, but he does not refer to the true author.

Tubingen,

Yours truly,

February 10th, 1913.

E. SCHLEGEL.

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## REVIEW.

### HYPNOTISM AND SELF-EDUCATION.\*

BY A. M. HUTCHISON, M.D.

REVIEWED BY DR. J. MURRAY.

To a vast number of people the word Hypnotism is full of unpleasant suggestions,—ridiculous, grotesque, or repulsive. These have inevitably grown out of the use of the phenomena of the deeper hypnotic states as amusing spectacles for Music Hall audiences, or similar smaller gatherings of the idly curious, to whom the sight of something unusual, inexplicable and incomprehensible, quite naturally offers a very intense attraction.

But it is becoming more and more evident that the hypnotic states, from the very lightest to that of deep somnambulism, are natural psychic phenomena of every day occurrence, some of them entering—though usually unrecognised—into the lives of all of us.

Since this is so, and since the heightened suggestibility which accompanies the hypnotic states is a powerful factor in determining our prevailing physical and mental conditions, it becomes of the utmost importance that the subject should be investigated in a calm, dispassionate spirit, its condition and phenomena carefully noted and compared in a scientific manner, and its relation to the other states of the mind and body intelligently traced out. This is a field of work which is attracting the earnest attention of an increasing number

\* *The People's Books*, T. C. & E. C. Jack. 6d.



of those who are interested in the health and welfare—both physical and mental—of the sufferings that throng the weary ways of life. Many of these have recognised that the hypnotic states—powerful as they have often been in the production of unwholesome conditions—are equally powerful for good, and they seek in different ways to redeem this useful instrument from unworthy uses to the more desirable work of a therapeutic agent.

How demoralizing it would be if our most brilliant surgeons performed their operations on Music Hall stages, before the astonished and interested gaze of thousands of spectators, whose only claim to be present at such a scene would be their desire for a new kind of “thrill,” and the satisfaction of a quite legitimate curiosity! It is not less demoralizing that psychic operations should be performed under such conditions, and for no worthier purposes. The only adequate excuse for operating on a man unconscious under an anæsthetic, with scalpel and saw, is that it should be for his individual physical betterment. The only adequate excuse for putting a man into the state of somnambulism and then operating on his emotions, intelligence and body, is that this also should be for his physical or mental betterment. Until public hypnotic shows are made illegal there will be countless men and women who would rather die than be treated by hypnosis in any form or degree. It is therefore of the greatest importance that an intelligent public opinion should be created on the subject, for only thus can this powerful therapeutic agent be redeemed from less worthy uses to the nobler ones of alleviating suffering and helping in the formation of healthy and vigorous characters. It comes as a surprise to many to hear that hypnosis can ever lead to the formation of healthy and vigorous character, the popular idea being that only the weak-willed can be hypnotized, and that this process necessarily tends to increase the weakness and put the subject hopelessly under the control and at the mercy of the hypnotist.

But is not the anæsthetized man equally under the control and at the mercy of the surgeon?

Yet under the existing safeguards, few hesitate to let an experienced and reliable surgeon operate on them. To all who are labouring under false conceptions of the nature and uses of psycho-therapeutics in its various forms—a little book like Dr. Hutchison's comes as a timely help. Clearly, simply and interestingly the chief facts in the history of hypnotism are related, its phenomena described and the relation of the hypnotic states to those of the waking state and ordinary sleep indicated.

The few cases quoted are well chosen, and emphasis wisely laid on the need for the intelligent and determined co-operation of the patient with the physician. The chapters on Education and Self-Education are calculated to help many whose lives are dismal failures to see the way of hope opening before them. If Dr. Hutchison's little book—written as it is for the public—is well received at the hands of any, it is surely in homœopathic circles that it should meet with its most enthusiastic reception, for in its pages the need is recognised for the treatment of the entire sick man, and not merely of this or that isolated symptom nor even of a symptom-complex,—a need which Hahnemann and his followers have conspicuously emphasized. We think Dr. Hutchison's book meets a real need and is sure to have the wide circulation it deserves.

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### VARIETIES.

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A NOTE ON CATHA EDULIS, by J. C. McWALTER, M.D., M.A.—*Catha Edulis*, or Abyssinian tea, is now receiving attention as a substitute for ordinary tea or coffee, as well as a nerve tonic and stimulant.

Professor Stockman, of Glasgow, who has kindly sent me a sample for experiment, describes it as containing an active principle allied to *Caffeine*. This is present in combination very much like tannate of *Caffeine* in tea.

The leaves of the plant are olive-green coloured, obovate leaves, about  $1\frac{1}{2}$  inches long and  $\frac{3}{4}$  in. broad—somewhat like coca leaves. They have a pleasantish taste when chewed, suggestive of liquorice.

I prepared a tincture with 45 per cent. alcohol. This, in the proportion of one part of leaves to ten of spirit, gave a sage-green coloured, aromatic tincture. I also made an infusion—about

2½ per cent. This yielded a somewhat mucilaginous fluid of a sherry wine colour.

A rough examination for alkaloid suggested that the proportion—probably less than 1 per cent.—is much less than that of good tea, which yields about 3 per cent. of tannate of caffeine.

The tincture is pleasant and aromatic, but I did not detect any special virtues. It will probably be found that the leaves of *Catha edulis* will be useful in those cases where one forbids ordinary tea or coffee, and where cocoa is found to be too heavy and indigestible. Possibly other investigators may discover greater charms in the plant.—*Medical Press*.

GROCCO'S SIGN IN PLEURITIC EFFUSION.—This sign, which, as is well known, consists of a triangular area of dullness, paravertebral in position, situated on the side of the chest opposite the effusion, proved itself in the author's experience, practically constant in cases with free fluid in the pleural cavity or in which an encapsulated effusion impinges on the spine.

With the patient lying on the affected side the triangle either greatly diminishes or disappears (except in those rare instances where the pleura is enormously distended), to reappear when the patient reclines on the opposite side or assumes the sitting or standing position.

The paravertebral dull area does not form a perfect triangle; the hypotenuse is usually a curved line, particularly at the upper portion. Its size in general varies with the amount of fluid in the pleural cavity, but right-sided effusions are usually accompanied by a somewhat larger triangle than those on the left.

The sign is of particular diagnostic aid when the amount of fluid present is small. It must not, however, be regarded as pathognomonic, as evidence is accumulating to the effect that the triangle may be present in a number of subphrenic conditions associated with the massing of fluid.—MARK A. BROWN (*Lancet-Clinic*, June 15, 1912.)

CUTANEOUS EMPHYSEMA AND MALINGERING.—The production of subcutaneous emphysema after tracheotomy or in conditions of great expiratory strain, as in the paroxysms of whooping cough, is well known. In wound of the lung also, as after a fractured rib, the air vesicles are ruptured and the air escapes into the surrounding tissues. Such interstitial emphysema, though not common, is generally seen at or about the subcutaneous tissue of the neck, to which region it is directed from the root of the lung. A curious case of a man who apparently possesses the power of blowing himself up in this fashion has, not unnaturally, excited some interest of late in the lay Press. It appears that this person, who is described as an ex-soldier, has been going the round of the provincial workhouses, in some of which his peculiar condition has been taken for ordinary mumps, as he is able, by a voluntary effort, to inflate the subcutaneous tissue of his face and neck from the temples downwards as far as the upper part of the chest. It was soon discovered, however, that the man's health was not affected, and that he had recourse to this

peculiar method of malingering, merely for the purpose of obtaining food and shelter. In about two or three days the air would absorb and the "patient" would then shift his quarters. Cases as these are by no means common, and it is quite conceivable that many practitioners might be put off their guard without a careful and minute examination. Truly the ways of such folk are past finding out.—*Medical Press*.

### LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.

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To CONTRIBUTORS.—Reprints of articles can be ordered from the publishers, on application not later than eight days after publication.

### MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

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|--|--|
| <b>Bandelier (B.) and Roepke (O.)</b> A Clinical System of Tuberculosis. 8vo. <i>Bale</i> . Net 21/-.  | <b>Keith (Arthur)</b> Human Embryology and Morphology. 3rd ed. Revised and enlarged. 8vo, pp. 484. <i>E. Arnold</i> . Net 15/-.                      |
| <b>Cambridge (P. J.)</b> Glycosuria and Allied Conditions. 8vo. pp. 476. <i>E. Arnold</i> . Net 16/-.  | <b>Kingsley (J. S.)</b> Comparative Anatomy of Vertebrates. 8vo, pp. 42. <i>J. Murray</i> . Net 12/-.  |
| <b>Cooper (J. W. Ashley)</b> Pathological Inebriety, its Causation and Treatment. Cr. 8vo, p. 168. <i>Bailliere</i> . Net 3/6.   | <b>Lewis (H.K.)</b> The Bacterial Diseases of Respiration and Vaccines in their Treatment. 8vo, pp. 246. <i>H. K. Lewis</i> . Net 6/-.               |
| <b>Cross (W. E.)</b> Elementary Physical Optics. Cr. 8vo, pp. 312. <i>H. Prowde</i> (Clarendon Press). 3/6.  | <b>Maylard (A. Ernest.)</b> Practice and Problem in Abdominal Surgery. Illust. 8vo, pp. 394. <i>Churchill</i> . Net 8/6.                             |
| <b>Dutton (Thomas).</b> Digestion and Diet. Cr. 8vo, pp. 144. <i>W. Scott</i> . Net 2/-.   | <b>McCarrison (R.)</b> The Etiology of Endemic Goitre. 8vo. <i>Bale</i> . Net 10/6.  |
| <b>Giffen (G. H.) and Dundas (J.)</b> Students' Manual of Medical Jurisprudence and Public Health. 3rd ed. Cr. 8vo, pp. 348. <i>W. Bryce</i> . Net 5/-.  | <b>Middlesex Hospital.</b> Archives Clinical Series. No. 11. 8vo, swd. <i>Macmillan</i> . Net 5/-.   |
| <b>Haig (Kenneth G.) and Alexander (G.)</b> Health through Diet. A Practical Guide to the Uric Acid Free Diet. Cr. 8vo, pp. 240. <i>Methuen</i> . Net 3/6.   | <b>Moullin (C. M.)</b> The Biology of Tumours. Bradshaw Lecture. Cr. 8vo. <i>H. K. Lewis</i> . Net 2/-.  |
| <b>Herman (George E.)</b> Diseases of Women A clinical guide to their diagnosis and treatment. Enlarged ed., revised by the author, assisted by B. Drummond Maxwell. Roy. 8vo, pp. 916. <i>Cassell</i> . 25/-. | <b>Patterson (Herbert J.)</b> The Surgery of the Stomach, a Handbook of Diagnosis and Treatment. Illust. 8vo, pp. 326. <i>Nisbet</i> . Net 12/6.     |
|  | <b>Underwood (A. S. and B.)</b> A Handbook on Surgery, intended for Dental and Junior and Medical Students. Cr. 8vo, pp. 252. <i>Bale</i> . Net 3/6. |

## TO CONTRIBUTORS &amp; CORRESPONDENTS.

ALL literary matters, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. C. E. WHEELER, 35, *Queen Anne Street, Cavendish Square, W.*

Letters to the Editor requiring personal reply should be accompanied by stamped directed envelope.

All advertisement and business communications to be sent to the "MANAGER" of the Homœopathic Publishing Company, 12, Warwick Lane, Paternoster Row, London, E.C.

LITERARY matter and correspondence should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the *Editor* as early as possible.

## CORRESPONDENTS.

Dr. Rock, Mauritius. — W. Jackson Hale, Esq.—General Phelps, Birmingham.—Dr. Colthurst, London.—Dr. Chaney, U.S.A.—Dr. Purdom, Croydon.

## BOOKS AND JOURNALS RECEIVED.

Brit. Hom. Review.—Revist. Hom.—Med. Times.—Allg. Hom. Zeit.—Med. Advance.—The Chironian.—La Homœopatla.—Ind. Hom. Rev.—Hom. Envoy.—The Chemist and Druggist—Medical Century.—Rev. Hom. Française.—H. Recorder.—L'Omiopatla in Italia.—Revista Hom. de Pernambuco.—N.A.J. of H.—New Eng. Med. Gaz.—L'Art Médical.

—Hom. Jour. of Obst.—Annals de Med. Hom.—Century Path.—Hahnemannian Mon.—Pacific Coast Jour. of H.—Journal B.H.S.—Zoophyllst—Calcutta Jour. of Med.—Le Propagateur de L'Homœopatie.—Cleveland Medical and Surgical Reporter.—Från Homöopatien Värld.—Journal of the American Institute of Homœopathy.—Indian Homœopathic Reporter.—La Critica.—The Homœopathician.—Iowa Homœo. Journal.

## The Homœopathic World.

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By Dr. T. Miller Neatby, M.A.

A Case of Hypopyon Ulcer. By Donald Renton, M.B., Ch.B.

Some Clinical Experiences Embracing Treatment. By Leon Brasol, M.D., St. Petersburg.

## SOCIETIES' MEETINGS:

British Homœopathic Society.

## BRITISH HOMŒOPATHIC ASSOCIATION

(INCORPORATED):

Subscriptions and Donations from December 16th, 1912, to January 15th, 1913.

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## EXTRACT:

A Preliminary Note on the Effect of *Sempervivum Tectorum* in Cancer.

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A New Edition of Boericke.

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Dr. Meghan Duz.

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# THE HOMŒOPATHIC WORLD.

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APRIL 1, 1913.

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## THE IMMEDIATE TASK FOR HOMŒOPATHY.

THERE is no fact more significant than the breakdown all over the world, and very notably in our own land, of the barriers that for a century have kept Homœopathy out of the main current of medical life. The prejudice and ill-will against it now are strong only where Homœopathy is weak. Wherever our faith has maintained itself as the faith of a well-organized body, however small, its claims to consideration are less and less being met with a blank refusal. The possibilities of genuine and complete fellowship were never so bright, and although we rightly object to being branded as schismatics, seeing that the breach with the rest of the profession was not of *our* making, we cannot but rejoice at the signs that the gulf is in a fair way to be bridged. What then should be our task to help this most desirable consummation? Surely not alone to maintain our belief firmly and preach it consistently, relying as always, on appeals for experiment rather than on dogmatic assertions, but also to endeavour to supply new inducements to clinical experiment by seeking to furnish new evidence that the law of Hahnemann expresses a law of protoplasmic reaction to stimuli, and can be tested not only (though best) at the bedside, but in the laboratory as well. Now at this crisis of our long struggle, even a few well designed experiments would win a hearing that has hitherto been denied. It is the mood of our time to be influenced by this means, and we should be wrong not to

endeavour to supply the needed appeal ; our clinical results and statistics will complete the conversion, we may well believe, but laboratory experiments are more likely than anything just now to win that listening ear which is the first essential for a fair enquiry. Can we not supply them ?

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THE PROVISION OF CHEAP SANATORIA.—Recognising the growing need for the provision of much greater accommodation for tuberculous patients than that already existing, the Local Government Board have issued a Memorandum, which has been prepared by their medical officer and architect, on the construction and arrangement of inexpensive buildings for the treatment of cases of tuberculosis. The general principle is approved that such sanatoria need not be palatial edifices—in fact, it is difficult to see where the money would come from for any extravagances, let alone necessities—but that they should be light and airy. Where these buildings can be erected as extensions of existing hospitals or other institutions a further saving would be effected in the direction of administration. In cases where increased accommodation is urgently needed, it is pointed out that this may be obtained at a comparatively small cost by means of buildings of timber framing, weather-boarded and creosoted, or covered with corrugated iron or other suitable roofing material. Of less rapid construction are mentioned (a) buildings constructed of steel framing filled in with terra cotta or concrete slabs, (b) hollow concrete blocks, (c) solid concrete. Under ordinary conditions, the cost of patient's accommodation constructed of timber framing should not exceed £50 per bed, exclusive of administrative department, etc. One advantage of this type of building is that where labour is scarce recourse may be had to firms who make a speciality of the rapid erection of such buildings, and who keep in stock the materials ready for emergencies. Sleeping shelters and châllets if provided, should form only a small proportion of the total accommodation, in view of administrative difficulties.

*Med. Press.*

BRYONIA IN COUGH.—A dry, hacking cough from irritation in the upper part of the trachea. Every time the patient coughs there is a feeling as if the head and chest would *burst*. The bryonia cough is sometimes called a "stomach cough" because it is aggravated by eating and drinking. With the cough there is a sharp sticking pain beneath the sternum, in fact, all through the chest. After a few hours the cough may become just a little moist and you have a small amount of mucus streaked with blood expectorated. *The marked aggravation of this cough is from coming from a cold into a warm room.*

*Hahnemannian Monthly.*

## NEWS AND NOTES.

### THE DEATH OF CHARLES II.

EVEN by its opponents, Homœopathy is admitted to have done much to end the violent therapeutics of previous centuries. How violent they could be the following quotation will show :—

#### THE DEATH OF CHARLES II.

*The Boston Medical and Surgical Journal* prints an account of the death of the Merry Monarch, translated from the Latin account drawn up by Sir Charles Scarburgh, the senior consulting physician. The King "was walking about quietly in his chamber when he felt some unusual disturbance in his brain." This was followed by convulsions and loss of consciousness. Edmund King, one of the Royal Physicians, promptly drew a pint of blood from Charles' right arm and summoned the other medical attendants. These drew eight ounces of blood by cupping glasses applied to the shoulders and administered an emetic. "As only a small part of this was taken . . . they added one drachm of white vitriol dissolved in compound pæony water . . . They gave as well one drachm of two-blend pills . . . to drain away the humors more speedily by his nether channels. . . . After an hour they repeated the clyster with the addition of two ounces of syrup of buckthorn, four ounces of emetic wine, and two drachms of rock salt, but as these were slow in operation they made still another effort to obtain the same end with yet more purgatives. Over and above this, blistering agents were applied all over his head, after his hair had been shaved." This energetic therapeusis continued for five days, and in spite of it all the King made his famous apology for the unconscionable time he took in dying. The account of the autopsy would seem to point to an acute meningitis as the cause of the death of this brilliant and dissolute monarch.—*Medical Press*.

### MORE WISDOM OF OUR ANCESTORS.

WE quote two other extracts from the old book, introduced to us by Dr. S. Kennedy. It is an interesting anticipation of some more modern views.

#### PROFESSOR BOERHAAVE & OFTERDYKE OF LEYDEN THEIR REGIMEN PRESCRIB'D FOR YE GOUT.

They are of opinion y<sup>e</sup> gout is not to be cured by any other means but a Milk Diet w<sup>ch</sup> will in twelve months time alter y<sup>e</sup> whole mass of Blood ; & in order thereto



y<sup>e</sup> following Directions must be strictly observ'd & follow'd.

1.—You must not tast any Liquor only a mixture of thurd milk and two thurds water, your Milk as new as you can get it, & to Drink it as often as you have occation for it, without adding any other to it, a Little Tea & Coffee is likewise permitted with milk.

2.—In a morning as soon as you awake, and y<sup>e</sup> stomach has made a digestion, you must Drink eight ounces of Spring Water & fast two hours after then Eat Milk and Bread, Milk Pottage or Tea w<sup>th</sup> milk w<sup>th</sup> a little bread and fresh butter.

3.—Att Dinner you must not eat any thing but what is made of Barly, Oats, Rice, or Millet Seed, Carrots, Potatoes, Turnips, Spinage, Beans, Pease, etc. You may likewise eat Fruit, when full Ripe, Baked Pears or Apples, Apple Dumplings but above all Milk & Bisket is very good. But nothing salt or sour, not even a Seville Orange.

4.—Att supper you must eat nothing but Milk & Bread.

5.—It is necessary to go to bed betimes even before nine a Clock to accustome yourself to sleep much and use your self to it.

6.—Every morning before you rise to have your feet, legs, arms & hands well rubb'd w<sup>th</sup> Pieces of Woollen Cloath for half an Hour and y<sup>e</sup> same going to Bed. This Article must be strictly observed for by this means y<sup>e</sup> Humours Knobs & Bunches will be Dissipated & prevent their fixing in y<sup>e</sup> Joynts by w<sup>ch</sup> they become useless.

7.—You must accustome your self to exercise as rideing on Horse back w<sup>ch</sup> is best or in a Coach, Chaise, &c. y<sup>e</sup> more y<sup>e</sup> better, but take care of y<sup>e</sup> cold weather, wind and Rain.

Lastly, in case a fit of the Gout should return & be violent, w<sup>ch</sup> they are of opinion will not, take a little dose of opium or Laudanum may be taken to Compose you. But no oftener than necessity requires. They are of opinion y<sup>t</sup> your Father or Mother haveng y<sup>e</sup> Gout is of no Consequence, if you will follow y<sup>e</sup> foregoing Directions strictly.

Doctor Mead of London his Recept for sore eyes, *viz.*,  
Wone penny worth of White Rose water.  
Do. of Bean Cod Water.  
Do. of Eye bright water (Euphrasia).  
Do. of Planten water.  
Do. of Lapis Calamenaris.  
finely Powdred shake y<sup>e</sup> bottle when you use & use  
it pritty often.

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DIVINATION.

MR. P. A. TALBOT, B.A., has supplied us with the following notes of divination by sensation practised by the Ekoi of S. Nigeria. They have considerable ethnological interest.

- Tingling on forehead (*or* in left thigh), foretells danger or trouble.
- Twitching in upper eyelid of right eye foretells that you will see a fine sight.
- Twitching in upper eyelid of left eye foretells that you will see a bad sight.
- Twitching in lower eyelid of either eye foretells that you will have cause for tears.
- Twitching felt in top part of right arm is a good sign and foretells that a friend's arm will soon lie within one's own.
- Twitching felt in top part of left arm before starting on a journey indicates that evils await you, that the friendly powers are trying to hold you back. If the warning be disregarded misfortune invariably follows.
- Twitching felt in hollow of elbow of right arm *or* in the palm of right hand means that you will be called upon to pay a debt or make a gift.
- Twitching in the palm of left hand means that you are about to receive a gift.
- A twitching above the heart means danger, trouble, or punishment.
- A twitching on the right breast (or right thigh) means good luck.
- A twitching below the elbow on either arm denotes that news of a death will reach you.
- A twitching on sole of right foot denotes that a strange man is coming to see you.
- A twitching on the sole of the left foot denotes that a strange woman is coming to see you.

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A MUNIFICENT DONATION.

As our readers will already know, the Annual Meeting of the London Homœopathic Hospital was

signalised by the announcement of a gift of £10,000 to the Hospital Funds. This is indeed stirring news and should encourage us all to determine that the end of 1913 shall see also the end of the hospital's debt to its bankers, so that the Board's plan of then opening the extra Children's Ward, closed as yet for lack of funds, can be accomplished. The ward is to be named the "Queen Alexandra Ward," after the gracious lady whose name is so bound up with deeds of kindness, and great as have been the efforts made by London Homœopathy during the last five years, we confidently anticipate yet another achievement before the year is ended.

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#### GALLIC ACID.

IN this remedy the mind is wild and delirious worse at night. The patient is very restless, and afraid to be left alone. Often he is abusive in his language, curses and swears. He complains of a pain in the back of the head and neck. The discharge from the nose is thick and stringy. In the eyes we have photophobia with burning and itching in the lids. Much mucus in the throat in the morning, while at night it is dry. Copious stool with sensation of constriction in the anus. After stool there is a faint, sick, hungry sensation, and gnawing in the bowels.

DR. J. H. ALLEN.

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#### THE PROPOSED CHILDREN'S HOMŒOPATHIC DISPENSARY.

WE learn that the plans for this proposed Institution are still under discussion, and no date is yet fixed for the inaugural meeting. Much interest and sympathy are being displayed, but there is a natural and praiseworthy desire not to begin such an undertaking without a very clear conviction that the end can be attained. Of the usefulness of such an institution there can be no doubt, but the claims are many and pressing upon a not too large constituency, and it will be well at this stage to "hurry slowly." Meantime it might be possible to perform special work in relation

to children at one or more of the Dispensaries already existing. In many of these the amount of work done is only limited by the time which the medical officer can give, and help from another doctor might extend the scope of the activities.

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INCLUSION BODIES IN SCARLET FEVER.—Any method which renders an early and definite diagnosis of scarlet fever possible would be welcome as a means by which the number of so-called relapses and second attacks might be diminished. The inclusion bodies, first described by Döhle, seemed to offer possibilities in this direction, and have been officially accepted by the City Health Department of Boston as of diagnostic value. An inquiry into their importance and significance has been recently made by Dr. John Granger and Dr. C. Kingsley Pole, and will be found in the *British Journal of Children's Diseases* for January, 1913. These cell inclusion bodies are regarded by Döhle as representing the fragments of a spirochæta which has been partially disintegrated, but as the bodies occur in many other diseases than scarlet fever there can hardly be any suggestion of their etiological importance in the disease. They were found by Dr. Granger and Dr. Pole in a large proportion of cases in diphtheria, measles, and tonsillitis, and, indeed, in most cases caused by ordinary pyogenic organisms, especially if streptococci were present, though they are absent from the blood in the toxic rashes. These observers found the inclusion bodies in practically every case of scarlet fever during the first four days of illness, but their results, as indicated above, show that it is impossible to diagnose scarlet fever by blood film examination alone, though the absence of the inclusion bodies practically excludes that disease.—*Lancet*.

COUGH SYMPTOMS OF RUMEX AND STICTA—*Rumex*.—An incessant, dry, spasmodic cough, worse by breathing cold air by lying down, at night. The irritation causing the cough is from mucus which produces a tickling behind the sternum. The time of aggravation is from 10 to 12 p.m. *There is relief from covering the head and breathing under the bed clothes.*

*Sticta*.—A nervous, dry, incessant, hacking cough, sometimes in spasms like whooping cough. Usually a remedy for nervous reflex cough and whooping cough, but occasionally the incessant irritating cough of measles. Although nothing seems to ameliorate the cough of sticta, *it is decidedly worse towards evening, or when the patient is tired.*—*Hahnemannian Monthly*.

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## ORIGINAL COMMUNICATIONS.

REPORT OF THE GERMAN LECTURE TOUR  
OF THE  
HON. ENVOY OF THE INTERNATIONAL  
HOMŒOPATHIC COUNCIL.

BY DR. PETRIE HOYLE.

It is with the deepest sense of gratitude for the careful preparations made for, and the warm greetings given to the Hon. Envoy, that I record this German Propaganda Lecture Tour.

It is well to say that much has been learned by the Council's Envoy as to the splendid lay organizations found in Germany, and the duplication of these should be the matter for most earnest consideration in other countries.

A start was made from London at 8.35 p.m., on February 10th, with a night crossing over to Flushing, arriving at Magdeburg, the town selected by our German colleagues for the first demonstration, on the evening of the 11th February, 1913.

Sanitätsrat Dr. Nissen, the Senior Homœopathic practitioner in that interesting old city, met me and made me heartily welcome. He had arranged that I should be present that evening as guest of the English Club of Magdeburg. The club includes English Speaking Germans (merchants, etc.), as well as English subjects.

One reason for mentioning this pleasant and instructive evening is that this English Club did the Council the honour of being present next evening at my address, almost to a man, and I think that many were impressed with the presentment of Homœopathy, some hearing of Homœopathy for the first time.

The presence of these members was one reason that my address was first given in English, almost in its entirety, followed afterwards by the forcible rendering of it into German by Dr. Nissen.

The hall proved to be hardly large enough, and many had to stand, whilst some went away unable to gain entrance.

At this and all other lectures there was given to each member of the audience a sheet containing Homœopathic statistics, prepared by the International Homœopathic Council from the most trustworthy sources, and rendered into German. At the close of the evening, Dr. Nissen handed the Envoy 120 marks, privately collected, for the Council's funds. The entrance was free, by invitation card.

At 8 a.m. next day I left for Berlin, being met there by Dr. Honecamp, who had been delegated by the Berliner Homöopathisches Aertzte Verein, under whose auspices the Council here worked, to pilot me and after a survey of the facilities of the large Hall of the Lehrers Verein, with a capacity of over 1,200 seats, I was entertained as the guest of the Berlin colleagues, at their regular meeting which happened to fall that evening, being the one prior to that appointed for the Berlin address.

Many things were discussed that night, one of the most important to record being the report of Dr. Kroner, of Potsdam, of eleven cases of septic puerperal infection, all very serious, and all I think coming to him late in the course of the disease, some as late as the ninth day of fever, and every one cured by him, with *Pyrogenium* (about 10x I think was used). In many cases the good effect was remarkably prompt.

On the evening of the 14th, I addressed a very packed hall, very many *extra chairs* being crowded in and many people having to stand. They thought about 1,600 might be present. The address had been timed to correspond with the annual "benefit" for the Berlin Homœopathic Hospital, situated just outside the city, at Gross Lichterfeld, because the city is so portioned out by the Government, to all the allopathic hospitals, that there is no Homœopathic Hospital allowed within the city, which is a most unfortunate handicap for our colleagues.

The body of the hall was for reserved seats at three marks, the sides and the galleries being slightly cheaper, the proceeds going towards the annual assets of the Hospital.

The Envoy addressed the audience for about twelve

minutes only, as the percentage of English speaking people was small.

The remarks were by way of emphasis on the translation which was to follow, and which was here rendered by Dr. Kroner.

The slides, showing our great American Hospitals and also comparative statistics evoked great interest and surprise, even to our colleagues, as no one had any idea to what extent Homœopathy had spread in U.S.A., nor that we enjoyed any State support at all.

The kindness of the Berlin colleagues did not end with their hearty welcome. They made up a donation privately, of the sum of 200 marks, towards the Council's expenses. We trust that the undoubted interest shown at the time may be the starting point of a new campaign of propagandist activity.

Quite early the following morning I went to Wiesbaden where "the only" Dr. Kranz-Busch made us the recipient of his hearty hospitality, and on the following Monday pioneered me to Frankfurt, where I gave the "Official Address." I spoke first by way of emphasis for about twelve minutes (in English), the translated version being afterwards read by Dr. Kranz-Busch.

The Hall contained very warm adherents of Homœopathy, but it was not quite full. Some spoke to me afterwards, in English, saying how surprised they had been with what there was to learn of America's progress.

The following night I was in Darmstadt, with Kranz-Busch again as a kind *cicerone*. The audience here was the effort of the sole homœopathic practitioner in this town, Dr. Sellentin.

Here I parted with Kranz-Busch and went on to Stuttgart, where I found everything had been well prepared by the Hahnemannia Landes Verein of Württemberg, which had invited the council's address, and is said to be the largest Lay Society in Germany, or the world, for that matter. It has over 12,000 regular subscribers who pay 1 mark 50 pfennigs yearly, and in return they receive a monthly journal, and other publications from time to time.

Even out of this small subscription they have

accumulated over 15,000 marks which is out at interest ; they rent halls and give free lectures, and out of this fund they gave 300 marks towards the International Homœopathic Council's travelling expenses.

The prime mover here, since 1901, has been Dr. Haehl, though this society has been in existence since 1868. Dr. Haehl probably obtained much of his enthusiasm whilst studying medicine in America, where he graduated. The president of this large "lay society" is a Mr. Wolff, who is a splendid public speaker, indeed his life work in the Government Educational Department admirably fits him for public speaking.

Of course in countries where vested interests are powerful, progress is slow, but here and in Berlin these German colleagues have proved what can be done by persistent energy.

In Stuttgart, on the top of one of its beautiful hills, the Hahnemannia Lay Society has purchased a Hospital site, with some acres of ground, the price being 100,000 marks, but worth much more than this now, because the site is now served with two electric car lines.

And this Society has collected over 25,000 marks towards a building fund, which money is put out at compound interest, until they shall possess a sum of six figures. They take collections on all occasions for this object, and the night of our first lecture in Stuttgart they got nearly 200 marks. As they have no large sums given them yet, their motto is, "little and often," which accomplishes much.

I have spoken of a "first" lecture, therefore there must have been a "second" following. It was arranged thus : the first night found them with their 1,000 seats filled, and as the laws of the Gustave-Siegle Hall are stringent there could not be any over-crowding. When 1,000 tickets are sold or given—the doors are banged to. The overflow was insistent, so it was arranged to reproduce the affair a second time the following Tuesday, and I promised to remain over. The second night was unfortunately the King's birthday, a day of many competing attractions, nevertheless, we had about 800 present.



Mr. Wolff read the translated Council's address, and Dr. Haehl gave a sketch of the life of Hahnemann "as a Scientist and Scholar." Sanitätsrat Dr. Lorenz also spoke on the Homœopathic Situation.

A full lot of "pictures" of American Homœopathic triumphs were shown to very keen audiences.

In passing it is very remarkable to relate that I obtained some fine (and necessary) *American photographs* when I was in Germany, which filled several blanks I had drawn when I appealed to America for these photos!!!

This is a bit of a joke on several people in U.S.A., and caused some good natured laughter when I begged for copies (lantern slides) of these pictures in Germany.

The Berliners are going to reproduce our official address, illustrated and pointed with statistics and the Hahnemannia Society had most of the address in print before I left Stuttgart, the latter society is issuing a 14,000 copy edition at least, and they are going to send copies to many prominent Government Officials.

The late Queen Olga of Württemberg was a true Homœopath, and she let everybody know it. There were no backstair visits or nine p.m. visits. That is one reason why Homœopathy has taken such a firm hold on this Kingdom, despite the severe and ever-present allopathic opposition, of which many tales were told to me.

During the interim between the two Stuttgart lectures, I ran down to Zürich, by invitation, to visit Dr. Mende-Ernst, our Council's Vice-President; I was his guest, and there I found that Dr. Mende had just won a very important battle with the Government authorities, but I must leave this Homœopathic battle (and victory) for Dr. Mende to report at the next Congress. Suffice to say that he and his colleagues have been subjected to much unfair oppression of late, but it has culminated in his triumph for Homœopathy, as the others got so much rope that they have technically hanged themselves and the atmosphere will, henceforth, be all the clearer for our colleagues in Switzerland.

And now for two or three little personal touches to round off this "official tour" report.

Sanitätsrat Dr. Nissen, told me of old Dr. Schneider, who worked himself to death for humanity in and round Magdeburg. In the local cholera epidemic of 1873 Dr. Schneider drove to the outskirts of the epidemic area at 8 a.m. one day, and told his carriage to call for him at 8 p.m. (of course the same day). The fact is that he staggered to his carriage *at 9 p.m., the next day*, after working thirty-seven hours.

You ask, why did he not go before? Because the people would not let the man go who was curing nearly *all* his cholera cases.

Dr. Schneider had also great successes in cholera in the war of 1870-71.

Another item:—In 1866, Dr. Knüppel was with the army in Bohemia (Austria) where he had charge of a Lazarette for Dysentery, and when the allopathic surgeons saw that he had scarcely any deaths, they asked him what he was using. He answered "Mercurius Corrosivus," and they would not believe it.

In Germany they have many various and stringent laws as to permission for our colleagues to prescribe.

Where they may prescribe, their offices must contain an outfit equal to small pharmacies, even to the separate "locked" or "double locked" closet for "poisons," and if the key is found in the keyhole of such a closet, they forfeit their dispensing permit. The key must be kept in a separate drawer which must in turn be locked up. Official "Inspections" are in the nature of "surprise visits."

Sanitätsrat Dr. Lorenz, of Stuttgart, is one of the government appointed inspectors who has to put our colleagues through their paces, and they have to show a full knowledge of Homœopathic pharmacy.

In many parts of Germany it is "libel" to say to a patient "I prefer you to get your medicines at so and so's," because it infers that the others are not trustworthy. This shows the quintessence of stringency.

Years ago the Hahnemannia Landes Verein of Württemberg got their Landstag to pass a bill authorizing that Homœopathy be taught at Tübingen Univer-

sity. This was passed by three-quarters majority, when it was found that they were up against the Constitution of Württemberg which declares, that in all matters relating to the University, "the faculty has the last word thereon," and nothing could be done.

The upshot is that Professor Vierordt lectures on (or against) Homœopathy four times a year, and nothing is gained to our School.

I urged that as the "Hahnemannia Society" is so strong, they should return to the attack every year, especially as the newspapers seem to give them splendid notices on Homœopathy (of which I possess two extracts following my first address), for it is well known that even Constitutions have additions and modifications made in them at times.

The consensus of opinion seemed to be that the "official lectures" at all points had given the laity something to think over, and talk about for a long time, and this is just what we desire, for there can be but one solution when people get down to a real knowledge of the facts of the case.

Dr. Sellentin, of Darmstadt, above alluded to, told me that he had not lost a case of Diphtheria, that he had treated from the beginning, in the last nine to ten years, out of forty to fifty cases annually. He always enforces a diet of oatmeal-gruel, pap or water, with apple water (or fruit juices). He claims that any meat juice is so much poison to such cases. He had written on the subject of his Homœopathic cures to Professor von Behring asking him to examine his records at the local Registrar of Deaths and State Bacteriologist's, but he had received no reply from him. Our colleague Dr. Schier, of Mainz, has only lost one case of Diphtheria in seven years, Sellentin told me. Diphtheria is very prevalent in both places (which I can readily believe) the places being, in certain parts, dirty, dark, damp, and everywhere dusty at times. Many streets are about nine to twelve feet wide, with overhanging houses, making the sky-line almost NIL in some streets.

The pictures, figures and words surely gave somebody something to think of, and the insistent message always was, that each individual who was blessed with

the light of and was safe in Homœopathy, *must pass on the good word to others*, whether friends or "only relations."

Med. Rat Dr. Müller, of Berlin, now writes saying that Dresden wants the official International Homœopathic Council's address and hopes that arrangements can be made on the return from the St. Petersburg trip, which fact speaks more than any words.

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### AN EXPERIMENT IN PROPHYLAXIS.\*

C. E. WHEELER, M.D., Lond., B.Sc.

MY conscious analysis of my personal experiences with nasal catarrh dates from the beginning of my career as a medical student, about 1889. After a year or two of observation I found the following to be my annual average experience: at least three attacks per annum and often four, each attack following closely the sequence of events to be presently described, though there would be a certain small variation in severity from time to time. The first symptom, often coming within twenty-four hours or less of exposure to infection (either by a long railway journey or by attendance at a concert or theatre), was "sore throat," characterised by sense of heat and dryness and pain in swallowing and showing a definite redness, a real (though not severe) pharyngitis. Within twenty-four hours nasal catarrh would set in, at first watery and not very free, but getting more and more profuse and ending in copious discharges of bland muco-pus, with dull headache and obstructed breathing. In a few days the larynx would become affected, hoarseness, cough, at first dry, then with more and more free expectoration, and a certain amount of pain in the larynx. Actual bronchitis would be rare, though the trachea seldom escaped. As the larynx and trachea became involved the nasal passages (back and front) would become freer, but thereafter the symptoms would begin a see-saw, alternating in severity between

\* This paper was presented to the International Congress. It is here reprinted and the experience brought up to date so as to carry the results of the experiment a stage further.

these two regions, now the nose and now the larynx being the site of most annoyance, but neither getting well. After about ten days from the first onset a crop of herpetic vesicles would appear on or near the upper or lower lip, often at the junction of skin and mucous membrane: occasionally (about once in six times) on the buccal mucous membrane on the inside of either cheek: these occasions were always those when the entire attack was of a milder character. As the herpetic patch developed so nasal and laryngeal symptoms would gradually subside, but before the vesicles had dried to scabs and fallen off, another ten days would have elapsed, and although the relief to the catarrh was grateful, this was always a purgatorial time, first because of the intolerable nuisance of shaving round or over the patch of herpes, and secondly from the existence of that personal vanity which always imagines the eyes of all the world to be concentrated on any spot or blemish on our own countenance. By the end of three weeks the attack would be nearly over, though a few laryngeal or nasal symptoms usually persisted till the end of the fourth week. This was the average experience of my early untreated nasal catarrhs. Seasonally the attacks used to come with some regularity, beginning one between the last week of August and beginning of October, one between the last fortnight of December and last week of January, and one between the first week of March and last of April. About every third year an extra one (and often slighter) would come in June. These attacks of catarrh you will observe were more severe than is customary, seeing that from first to last four weeks was the average duration of symptoms. The really troublesome period, however, was the first fortnight or sixteen days till the herpetic vesicles began to dry up and thereafter the last twelve or fourteen days was a time of no very great discomfort; also apart from these catarrhs, I have had unusually good health. After my conversion to Homœopathy I began to treat my attacks of catarrh, but not very skilfully; I was a pathological prescriber in those days and took little heed of finer symptoms. *Mercurius*,

*Arsenicum*, and *Kali bichromicum* were the remedies I used most and the *Iodides of Mercury* and *Arsenic*. The net result was that I could get about a week off the duration of my attacks, shortening all the stages a little, and reducing the severity a little, also a fourth attack in the year became rarer. Such was my experience till the year 1902, when I went to live at an open-air Sanatorium. The experience of the next four years convinced me that for me at any rate free ventilation in a practically germ-free atmosphere was the best preventive of catarrh. Minor catarrhs would follow railway journeys or visits to towns occasionally, but return to the Sanatorium cut them short without other treatment. About once a year I would get a fairly severe one ; indeed, one of the very worst for severity I ever had falls in this period of my life, but it had a short duration (fourteen days altogether), and was no reflection on Sanatorium conditions, in that it came during a holiday in Italy, and was acquired in the express from Paris to Turin. Broadly speaking, I cared little for catarrh while most of my life was being lived under Sanatorium conditions. I should add that at this time began the local use of a solution of paroleine with two drops of *Terebene* and a little *menthol* to the ounce, a prescription of Dr. St. Clair Thompson, and that was quite sufficient without internal drug treatment to cut short the mild attacks, and much relieve the very occasional severe one. I believe *Terebene* has an affinity for respiratory mucous membranes, and has probably a homœopathic relation to inflammations thereof ; be that as it may, it is a most soothing palliative.

In 1906, I left the Sanatorium and came to live in London. At once the old routine of catarrhs set in again, and I had four in the first year. The *Terebene* would relieve, but never abort the attack, as it often had appeared to do at the Sanatorium. By this time I was a more careful homœopathic prescriber. The great modality of my attacks is > open air and remedies like *Allium cepa*, *Iodine* and *Iodide of Arsenic* (wherein I believe the *Iodine* is the more important element) and *Pulsatilla* enabled me to do

better than in the old days, and I found I could manage an average attack pretty well in a fortnight, and much relieve the severity of the symptoms all the time, though I must not deny to the *Terebene* some share in producing the result. However, a duration of a fortnight was too long for me.

I had often vaguely thought of making a vaccine, and just about this time Dr. Allen published his *Studies of Ordinary Nasal Catarrhs*. With the aid of my friend, Mr. Collings, I began to investigate my own problem. This was in May, 1908, nearly five years ago. A very mixed culture resulted from the first catarrh we dealt with. *Staphylococcus* and *Streptococcus* appeared, and an organism which we identified with the pneumococcus and regarded as the principal cause. The culture was taken in a late stage of the attack of catarrh. However, to make sure, all the organisms were grown in broth media and sugar of milk was saturated with the culture fluid containing them all freely growing. This sugar of milk was treated as the starting point and trituration made up to the fourth decimal potency. This was a very rough and ready procedure. As Dr. Hare has pointed out, without preliminary freezing of the bodies of the bacilli, it is most improbable that trituration can break up their substance; therefore our first vaccine in all probability contained no endotoxins, but only such exotoxins as were present in the broth of the culture. However, it was not inactive. As the greater part of the summer was generally with me a freedom from catarrh, I did not begin to take the vaccine till August. Then I took two doses of three grains each, by the mouth, with an interval of a week between the doses. Within twenty-four hours of the second dose I felt my throat sore and jumped to the conclusion that usual catarrh was beginning. To head it off if possible I took three doses on three successive days. No catarrh appeared, but the pharyngitis remained, a phenomenon quite unusual in my experience. I took two more doses on alternate days, and still the sore throat remained the only symptom. It now flashed on me that this was a drug effect, and I took

no more. In seventy-two hours the sore throat was gone, and no catarrh beyond a little watery nasal discharge causing no trouble. From then till May, 1909, I was free from catarrh, though by the rules of previous experience I should have had three. I took a dose every seven or ten days fairly regularly. Each dose produced a transient sore throat, but nothing else. Once when I had been three weeks without a dose (having forgotten it), I thought a catarrh was beginning. A dose was then followed by a rather aggravated sore throat for three days, and one tiny vesicle appeared on my lip, on the mucous membrane. By May I was jubilant thinking that I had baffled my life-long enemy. In May, 1909, I was attacked by the worst catarrh I had had for years. The vaccine was unavailing, though in spite of the severity of the nasal and laryngeal symptoms no herpes developed. Fresh cultures were taken, and revealed no pneumococcus, but quantities of influenza germs in a mixed lot of lesser sources of annoyances. My prostration and depression had already suggested influenza to me, and if I appear to you very slow in coming to that conclusion I must defend myself by saying that I had come to regard myself as influenza proof. In 1890, when influenza fell on London, I was a student, but though every one round me went under, I escaped, and similarly in all the years that followed, although when I was thus convinced of it I remembered that in the previous winter I had had with one of my catarrhs (preceding the making up of my first vaccine) symptoms that could be called influenzal, though no cultures were then made. I suspect my lowering of resistance dates from a period of experimenting with phosphorus, but that is only a suggestion of which I have no proof beyond an ominous relation between the phosphorus experiments and the first influenzal attack. However, the vaccine was now so far vindicated, in that I was not protected against influenza. A new vaccine was made, again without freezing, and mixed with my earlier one, and I kept under the two for a period of nearly twelve months. During this time I took a dose about every fortnight, more frequently if I had been



exposed to infection. A slight pharyngitis and a very little watery nasal discharge generally followed within twenty-four hours of the dose. Once or twice when through inadvertence I had gone three weeks or more without a dose I had premonitory symptoms of a catarrh. A dose taken then was followed by an aggravation (not severe) for twenty-four hours, and then disappearance of symptoms. Once a small crop of herpes developed inside one cheek. With these exceptions I passed twelve months without any trouble or even inconvenience whatever. Now note that the vaccine made from the influenzal catarrh was almost certainly inert, as it was made by a trituration without freezing. By mixing it with the first (to which I feel bound to attribute activity) I had probably done little more than dilute my earlier vaccine, but as far as pneumococcal catarrhs were concerned the protection was still good. Against influenza I was temporarily protected by my sharp attack in the spring, and so I remained healthy till May, 1910. Then I again developed influenza.

This whole attack was much less severe than the one of 1909, but was enough to convince me that I was not influenza proof. Another germ was present with the influenza bacillus in the secretion ; (again there was no pneumococcus and no development of herpes). This second germ Mr. Collings and I could not identify. I sought the aid of Dr. Hare, who distinguished it for me as *Xerosis bacillus*. I had, however, no conjunctival symptoms ; from my conversations with Dr. Hare I learnt the necessity of freezing before triturating and my next vaccine made from the germs of this catarrh was made with a preliminary hard freezing of the broth cultures, and keeping the whole process of the trituration below freezing point by keeping the mortar in an ice and salt mixture. This again was a rough and ready way of doing things, but I was anxious to know if it would prove in any way effective, because the more elaborate a process of preparation becomes the more difficult it is to use every day, and vaccines in practice generally have to be made from the particular germs and strains of germs

present in any one case. The vaccine was run up to 4x, and mixed with the first of all, which I had good reason to trust, and this mixture I have taken from then to now. I have had no catarrh, except the occasional threatenings, easily aborted, and this year no influenza. In the Spring I had a little laryngeal cough, and a marked conjunctivitis. I thought my Xerosis bacillus might have returned, but Dr. Hare found only Staphylococcus. No influenza germs were found in the scanty laryngeal sputum, and the cough was not at all a troublesome affair. This then is my history. I have now gone over three years without a catarrh accompanied by herpes; I have had two catarrhs caused by influenza it is true, but I think I am now forearmed against that enemy too, and as by the experience of former years I should have had in this same time some nine or ten attacks, I am well content to have escaped with two. I must add that I have in the abortive attacks and other times when exposed to dust used the *Terebene* spray and have taken occasional doses of the *Iodides of Arsenic* and *Mercury*. The reason I attribute my comparative freedom to the vaccines and not to this unsystematic dosing is that much more regular taking of the same remedies (and others) in former years procured me no such immunity, although I found them agents of aid in modifying actual attacks.

Very probably a higher potency than 4x would be equally effective and might well save me the slight pharyngitis that I imagine must indicate a short negative phase, but having found a trustworthy potency I am loth to change it, and do not mind the negative phase now that I know what it is. Indeed it gives me confidence that my preparation is still active. To have diminished the number of attacks of nasal catarrh is after all only a small achievement, but if you knew what real annoyance they caused me in the past you would better appreciate my pleasure in the success of my experiment in prophylaxis.

This was written in 1911, and I can briefly bring the record up to date by saying that since the time of the Congress I have had no attack of catarrh of any

moment and no attack of influenza. I now take the vaccine much less often, indeed I usually wait till some premonitory sore-throat warns me that I am in danger of developing catarrh and a dose of vaccine then aborts the attack in twenty-four to thirty-six hours. Twice I have thought I was in for influenza from symptoms of headache with sore throat and a slight rise of temperature and once or twice in addition to the vaccine I have taken *Influenzinum* 30 (Epps); but I have not developed influenza and seem to remain tolerably proof against its attacks. I think I may therefore say that the experiment in prophylaxis continues to be a successful one and I propose to conduct it for some time longer.

### SOME CLINICAL EXPERIENCES EMBRACING TREATMENT.

By DR. LEON BRASOL.

(Continuation.)

THE next case came under my treatment lately and in unfavourable circumstances, *viz.*, on the thirty-sixth day of a heroic treatment of *Calomel*, *Opium*, mercurial unguents and ice. Unfortunately, I cannot give it *in extenso*, as at the beginning of the disease the patient was not under my observation.

The ætiology of this case reveals a too abundant and eager introduction of food into the stomach, without sufficient mastication. A lad, Eugen A., æt. 16, at a period of increased development and unusually rapid growth used to come home from school during "recess" and to dinner, with a ravenous appetite, and devour his luncheon or dinner, literally bolting whole pieces of bread, meat and food in general. Thus the cœcum was gradually obstructed and inflammation (*typhilitis stercoralis*) set in, spreading to the peritoneum and causing peritonitis.

During the first thirty-five days of the illness, no other remedies were prescribed except *Calomel* ( $\frac{1}{2}$  gr. *pro dosi*) and *Opium* ( $\frac{1}{4}$  gr. *pro dosi*) several times a day, and mercurial unguents. At first the patient managed to swallow these medicines, but soon posi-

tively could not stand them, as they caused him great pain, nausea, vomiting, and were generally rejected soon after administration. Moreover, the *Calomel* had already caused inflammation of the gums and aphthous ulceration of the mouth. Nevertheless, the doctors insisted on the necessity of continuing such treatment to the end.

All this, taken together, led to the exudation in the lower abdominal region not being absorbed, and not only did the patient not improve, but, on the contrary from the thirtieth day of the illness, after a temporary fall in temperature, the latter again began to rise, the patient got weaker, the pains increased, vomiting returned; in short, the disease took such a turn that the boy's life was in great danger, and on the thirty-fourth day, at the insistence of the parents and the proposals of the doctors in attendance, a consultation of eight physicians was held, *viz.*, (1) Professor K.; (2) Prof. Tch.; (3) Prof. A.; (4) Dr. M., a surgeon; (5) Dr. B.; (6) Dr. N. I. S.; (7) Dr. M. and (8) Dr. F. As regards diagnosis and treatment it was unanimously agreed that it was a case of severe peritonitis, and that it was necessary still to continue *Calomel* and *Opium*, as these were the only remedies by which it was possible to save the patient.

Dr. M., the physician in attendance, who took a great interest in the patient, absolutely declined to continue, on his own responsibility, the administration of *Calomel* and *Opium*, which had not done any good in the course of a whole month, while their destructive action on the patient's organism was sufficiently evident, the more so as the patient (as has already been mentioned) was unable to stand these only means of salvation. Dr. M. therefore proposed to cease all pharmaceutical treatment, and to have recourse to milk and curds for nutrition. But the very first and insignificant portion of curds given to the boy produced such cutting pains in the stomach, and such intolerable colic and vomiting, that the mother, in despair, and having lost all faith in orthodox medicine, applied to me, begging me, with tears in her eyes, to save her son.

On first visiting the patient, I found him in a very

critical condition. Temperature 39.5, pulse 120, small, weak, and easily compressed. The patient was lying on his back, with his knees half drawn up ; his face was pale, bloodless and exhausted, with an expression of suffering ; the eyes were sunken and with a feverish glitter in them ; blue rings round his eyes ; the nose pinched, sunken cheeks, pale, bluish lips ; dry, dirty skin, all wrinkled ; weak, trembling, scarcely audible voice ; dry, coated tongue ; thirst. Abdomen distended ; on palpating the upper abdominal regions, there was violent rumbling, and on percussion—a tympanitic sound ; the lower abdomen, along the linea alba, was extremely sensitive ; not only to pressure, but even to the touch ; above the symphysis there was a spherical swelling, visible to the eye and perceptible to the touch, about as large as the palm of one's hand, and emitting a dull sound on percussion, very sensitive to the touch, and in appearance like the bladder when over-full, but not altering its limits, form or contour after urination. After passing water, the patient felt great pain in the region of the bladder. Masses of fæcal matter could be felt in the region of the cœcum, and on pressure the movement of liquid and wind could be heard ; the cœcum itself was neither sensitive nor painful on pressure. The boy, whom I was acquainted with prior to his illness, was hardly recognisable, and presented a characteristic case of dreadful emaciation and weakness, and a typical *facies Hippocratica*, and, in general, produced the impression of one suffering from a severe disease. He was evidently suffering and anxious about his condition, and had almost lost all hope of recovery.

Several doses of *Pulsatilla* 6 abated the colic brought on by the curds ; and it was therefore necessary to proceed to radical treatment, the first object of which was the absorption of the exudation, the cause of high fever. The pathological condition, *viz.*, the presence of inflammatory exudation in the peritoneal region, in connection with the symptomatology of the case, *i.e.*, stabbing and cutting pains in the intestines, pain from the slightest movement or contact, dry, white, coated tongue and thirst,—all plainly indicated

*Bryonia* ; but the severity of the disease, the weakness and anxiety of the patient required *Arsenicum* likewise. Prescribed *Arsenicum* 6 and *Bryonia* 6, every hour alternately, two drops to the dose.

The very first night after this, passed very satisfactorily ; the patient slept, and suffered less pain ; towards morning his temperature fell to 37.6, pulse 96 ; tongue somewhat cleaner ; less thirst ; tympanites decreased. The patient had one liquid motion, extremely foetid, and almost black in colour. The exudation was less sensitive to pressure. Diet : boiled milk, beef-tea. *Arsenicum* 6 and *Bryonia* 6.

Next day, *October 17th*. The patient had a fairly good night ; temperature satisfactory ; tongue cleaner ; hardly any thirst ; tympanites less ; the abdomen far less sensitive. The exudation had diminished by half the thickness of a finger. The patient felt comfortable. One liquid evacuation, far less foetid. *Arsenicum* 30 and *Bryonia* 30.

*October 18th*.—General condition still better ; the absorption of the exudation still going on. The pain on urination was less, and pressure on the affected part far more bearable ; tongue cleaner ; appetite appearing. No motion. Diet as before. *Arsenicum* 30 and *Bryonia* 30.

*October 19th*.—Notwithstanding the rise in the evening temperature (38.8), the patient's general condition is improved. Morning temperature 36.9 ; pulse 70. Tongue still cleaner, slight colour in the face ; the voice was firmer and stronger. The tympanites was still pretty considerable, and there was rumbling in the bowels on pressure. Pains very slight. The dullness of the percussory sound along the centre line showed a decrease of three thicknesses of a finger, and to the right, down below by two fingers' breadths. At this place (downward to the right) there was still some slight pain felt on strong pressure. After an enema there was a profuse stool, semi-liquid, very foetid, with small lump of hard fæces. *Arsenicum* 30 and *Carbo vegetabilis* 30.

*October 20th*.—Temperature, pulse, and sleep, all normal. The exudation was completely absorbed along

the centre line, but below, to the right, it was still to be felt in the form of uneven lumps. Less meteorism and rumbling in the bowels. Tongue in good order. Increased diet, *i.e.*, increased quantity of milk and thick broth. *Arsenicum* 30 and *Carbo vegetabilis* 30.

From the 20th to the 26th there was a daily improvement. Stools normal; tongue quite clean; voice firm and loud; patient sleeps well; and feels no pain. No sensitiveness whatever in the abdomen, but on palpating the region of the right groin, one could feel the thicker walls of the intestines and the transverse folds of the mucous membrane of the intestines. The patient was moved from his bed to an armchair, and into another room. A cautious increase of nourishment was permitted. Since the 24th, two drops of *Sulphur* 30, morning and evening.

*October 26th to November 1st.*—Rapid improvement; strength increasing daily; enormous appetite, action of the bowels quite regular and normal. The patient slept well, walks about, reads a little and felt all right. The thickening of the walls of the intestines on the right side could hardly be felt. From November 1st the patient returned to ordinary diet.

This case plainly shows how rapid is the absorption of even a solid exudation under the most unfavourable conditions, *viz.*, when the patient had been extremely weakened by previous illness and by improper treatment, and there was a tendency to a chronic protraction of the disease. After the very first doses of homœopathically indicated remedies, the arrested absorption went on as rapidly and energetically as if effected by a pump; by the end of the fifth day of homœopathic treatment, the exudation had completely disappeared, while by the end of the first week the remnant of the former inflammatory exudation could hardly be felt in the form of the lumps above-mentioned, which frequently remain for a long time, sometimes for life, after having peritonitis. By the end of the second week the exudation was totally absorbed.

Besides these two I have observed three other cases of diffuse peritonitis treated homœopathically: one

traumatic, due to an injury to the abdomen (a horse kicked a strong twenty year old peasant) and two puerperal (under most unhygienic conditions in practice among peasants). These three cases likewise ran an unusually favourable course, with total absorption of the inflammatory exudation, the treatment consisting principally in internal doses of *Arnica* and *Bryonia* of the 6th potency.

On the grounds of my five cases I can say that Professor Jaccoud is quite mistaken in declaring that, in favourable cases, the absorption of the exudation is "never complete." On the contrary, under wise, careful, mild homœopathic treatment, the absorption is complete, and fibrinous adhesions occur only in unfavourable cases. There is as little truth in his other statement, *viz.*, that "death is the ordinary result." My cases, which all come under the head of undoubtedly severe, have imbued me with unusual faith in the homœopathic treatment of this very disease, and have convinced me, that death from peritonitis should by no means be the rule, but, on the contrary, should be the exception, occurring in extremely unfortunate cases, such as perforation of the intestines, pyæmia and other infections of the blood.

#### SEVERE CASE OF ACUTE ARTICULAR RHEUMATISM.

Mrs. N——, æt 30, had already suffered three times from extremely severe acute articular rheumatism with endocarditis, the consequence of which was compensated disease of the heart, *viz.*, *insufficiëntia mitralis*.

On *January 2nd* she left Moscow by the mail-train to visit her parents in St. Petersburg. During the night she caught cold, in all probability from the carriage door being opened while she was asleep; the effects were shivering and pains in the limbs. On arriving at St. Petersburg on *January 3rd*, she could hardly move, and by evening she took to her bed, her temperature being 39.1° C. All night she took *Aconite* 3, but, owing to violent pains in all her joints, she could not fall asleep.

On the following morning (*January 4th*) notwithstanding a slight fall in her temperature (38.7°) her



general condition was worse, and when I was summoned and first visited the patient, *viz.*, on the second day after the beginning of her illness, about 3 p.m., the disease had already fully developed, with all the highly characteristic symptoms, which were, moreover, violent to a degree I had never observed in acute polyarticular rheumatism. *All* the articulations in the patient's extremities and trunk, without exception, were effected. The state of disease was dreadful, and the patient lay on her back as if chained to the bed, with an expression of intense suffering on her face, and was absolutely unable not only to make any movement, but even to utter a word. Moreover, the breathing was quick and superficial, the heart's action turbulent and the pulse 120. Prescribed *Aconite* 3 and *Bryonia* 3 every hour.

By the evening of the same day, the general condition of the patient grew worse, in spite of the hourly administration of *Aconite* and *Bryonia*: the temperature was very high, being over 40° to the touch, but it was impossible to measure it by means of the thermometer, owing to the sufferings of the patient. The pain in all the articulations became atrocious, and when the chamber-pot was placed under the patient for urination, the pains became intolerable, and the patient cried out frantically. The whole night she suffered so much that she could not get a wink of sleep.

By morning on *January 5th*, her temperature was 38.6°, but her general condition, so far from showing any improvement, was, if anything, even worse, owing to the sleepless night. The action of the heart was very violent and excited; the heart-beats very violent, and felt in the fifth and sixth intercostal intervals over a rather large area; pulse 120. On auscultation, a very loud blowing systolic bellows-sound was observable at the apex and on the aorta, and the patient complained of lancinating pains in the cardiac region. In view of such symptoms, and knowing that the patient suffered from the disease of the heart, I was greatly puzzled as to whether this was a fresh case of endocarditis or not. The solution of this question, one way or another, would obviously

greatly influence the prognosis, because the danger of acute rheumatism lies chiefly in complications from inflammation of the heart and its integuments. To make matters worse, a doctor who had previously treated the patient, had warned her of the danger of rheumatism in future, and had predicted that the consequences of fresh endocarditis would be very unfavourable. The patient's parents were, therefore, anxiously awaiting my verdict. That day I abstained from any definite conclusion, but did not hide my fears as to the patient's condition, and prescribed hourly doses of *Bryonia* 3 and *Spigelia* 3, and an application of wet *clay* to the region of the heart. By evening the temperature rose to  $39.7^{\circ}$ ; the patient passed a very restless night, the pains were as intolerable as before, and by morning there was at first a slight perspiration, which then became profuse, with a sour, pungent smell. The patient was literally bathed in perspiration which soaked the bed linen, pillow and mattress; moreover, menstruation had begun the day before, and likewise soiled the bed linen, changing which was quite out of question, as the patient lay like a log, and could not bear the slightest touch, nor would even let anyone approach her. The violent pains, absence of nutriment, sleepless nights and excessive perspiration during the past three days had exhausted the patient and conduced to the development of acute anæmia. On visiting the patient on the afternoon of the 6th, I was struck with her pallor, which contrasted strangely with her feverish temperature ( $38.5^{\circ}$  in the morning) and with the profuse perspiration all over her body. The pulse was 116, the action of the heart somewhat calmer, but the systolic blowing murmur was still louder, and I was not sure whether to attribute it in a considerable degree to anæmia. I prescribed *Mercurius solubilis* 3 and *Spigelia* 3. The temperature in the evening was  $39.2^{\circ}$ ; the patient passed the night more quietly, but still suffered from restlessness and insomnia; the perspiration, still very profuse, decreased somewhat towards morning.

On the morning of the 7th, the temperature was  $38.5^{\circ}$ , pulse 304. That day (the fifth of the illness)

the state of the patient was as follows: excessive weakness, great pallor of the skin, and an expression of great suffering. The patient lay immovable on her back, in her original position, as if fixed to the bed, and was absolutely unable to make any movement; the slightest attempt to move her limbs caused intolerable pain. The bed was saturated with perspiration and blood, but there could be no question of changing the bed linen or carrying the patient to another bed or couch, as the patient could not bear the slightest touch, when I merely put out my hand to feel her pulse, the patient's face expressed suffering and fear. As previously, *all* the articulations were involved in the rheumatic process; the affected joints were swollen, hot and slightly œdematous; the skin on them was smooth and slightly shiny, but normal in colour, with the exception of the interphalanges of the hands and feet, where it was slightly red and inflamed in appearance; the palpation of the articulations felt very painful, and the pain was not restricted to the joints themselves, but spread beyond them pointing to an involvement of the tendons, ligaments and muscles. For five days the patient had taken nothing but a few spoonfuls of beef-tea and homœopathic medicines, which were administered in water by means of a teaspoon. The tongue was dry and coated. The urine scanty, red, and saturated with uric acid salts. Constipation; as yet there had been no motion, and fortunately so, as the process of relieving the bowels would have been attended with extreme difficulty to the attendants and excessive suffering to the patient. The action of the heart was somewhat calmer; the lancination somewhat less; evidently, *Spigelia* had acted beneficially, and I already expressed a hope that the heart was not inflamed; but at any moment inflammation might still set in, and I greatly feared such a complication. On the whole, we had made little progress in five days; violent pains, forcing the patient to lie motionless, complete absence of nutriment and sleep, the pollution of the air in consequence of the unclean state of the bedding and the patient's exhalations, and finally, profuse perspiration of

previous days,—all this greatly debilitated and discouraged the patient, who had already given up hope—not only of recovery, but even of an alleviation of her sufferings. Of the homœopathic remedies prescribed, *viz.*, *Aconite*, *Bryonia*, *Spigelia* and *Mercury*,—*Spigelia* had moderated the action of the heart, but none of the medicines had alleviated the intolerable sufferings or induced soothing sleep. Then it was that I remembered Schüssler, and prescribed *Ferrum phos.* 6x trit., alternately with *Spigelia* 3, every hour.

The next day (*January 8th*), I already found an improvement; the patient had spent a quiet night, had slept intermittently, but at times waking up from the pain. Perspiration was diminished; the urine was still dark, but there was less sediment. Though the body remained quite immovable, there was the bare possibility of very slowly and carefully bending the arms slightly. The action of the heart was calmer. The temperature was 38.2 in the morning and 38.3 in the evening. *Ferrum phosph.* 6 and *Bryonia* 3x.

*January 7th.*—The general condition was satisfactory, although the night had not passed so quietly as the previous one, not so much in consequence of the pain, but owing to a certain psychic irritability. The perspiration was considerably less; the tongue cleaner; the patient even felt a desire to eat a beefsteak or some game; but as yet that could not be allowed. The movement of the arms was freer; the patient could raise her hand to her mouth, though not without difficulty; there was likewise some slight mobility in the legs. Continued *Ferrum phosph.* 6x and *Bryonia* 3. Temperature, morning, 37.8; evening 38.2; Pulse 84.

*January 10th.*—The patient continued to improve, had passed a quiet night, and felt less pain; the articulations of the upper and lower extremities gradually regained some mobility. Temperature: morning, 37.8; evening, 38.4. Pulse, 78. Continued *Ferrum phosph.* 6x and *Bryonia* 3x.

*January 11th.*—The patient passed the night very quietly, and slept several hours at a time without waking. There was a slight recovery of mobility in

all the articulations, but care had to be taken, otherwise the pain was very great. To-day the patient seemed somewhat tired, and had no appetite. Morning temperature, 38.1; evening, 38.9. Pulse 84. Continued *Ferrum phosph.* 6x.

*January 12th.*—Yesterday evening the whole body, with the exception of the face and limbs, was covered with miliaria, causing considerable itching; but the general condition was satisfactory and the tongue cleaner. Temperature: morning, 38.2; evening, 38.8. Pulse 84. Continued *Ferrum phosph.* 6x.

*January 13th.*—The miliaria, in the form of transparent vesicles containing serum, was greater and spread to the arms, legs and neck; owing to the itching of the skin the patient passed a somewhat more restless night; but the general condition was favourable, the mobility of the articulations gradually increasing, and the patient could even turn in bed a little. During the whole illness, *i.e.*, eleven days, there had not been a single motion, but even in a state of health the patient was subject to constipation for many days. Prescribed an enema for the night. Morning, 38.1; evening, 38.8. Pulse 84.

*January 14th.*—The enema had no effect, owing to which the patient was somewhat irritable, and had passed a more restless night. The miliary eruption now thickly covered the whole body, and felt like small beads to the touch. Besides this, from constantly lying on the back, when, moreover, there had been no possibility of making the bed, a red and painful bed-sore had formed over the os coccygis, about half the size of the palm of one's hand. There was no appetite. Prescribed *Ferrum phosph.* 6x and *Arnica* 3 inwardly; for outward application—a lotion of *Arnica* tincture (five drops of the tincture to a wine-glass of water). Ordered an enema. Morning temperature, 38.2; evening, 38.9. Pulse 84.

*January 15th.*—The enema was fairly effective. The patient passed a quiet night. The bed-sore was paler and less painful. The miliaria was drying up. The tongue was cleaner, and the patient had some appetite. There was a slight aggravation of the pain in the left

arm. Morning temperature, 38.2 ; evening, 38.6. Pulse 84. *Ferrum phosph.* 6x and *Colchicum* 3.

*January 16th.*—A certain painfulness in the left shoulder prevented the patient from sleeping quietly. General condition good. Tongue clean. Heart quiet all the time ; the blowing murmur softer and fainter. Morning, 37.9 ; evening, 38.3. *Pulsat.* 3 and *Colchic* 3.

From *January 17th* there was a steady and rapid improvement from day to day. There was daily progress in the mobility of the articulations. On the 19th the patient could already raise herself up alone, and on the 21st she could make extensive and varied movements, and freely turn on her bed ; on the 23rd, her joints recovered almost all their former flexibility, and for the first time the patient left her bed for a couch. On the 25th she was able to stand, and on the 28th walked freely about the rooms. All the time the patient enjoyed good, sound, refreshing sleep, much better than before her illness. Her appetite was excellent, but constipation continued until the 15th, in consequence of which she had to have enemas on the 18th and 23rd. From the 16th to the 19th, *Pulsat.* 3 and *Colchicum* 3 were given, while from the 20th *Bryonia* 30 and *Colchic*, 30.

From the 25th the motions were normal, without any recourse to enemas. The patient's general condition improved perceptibly, and anæmia was decreasing visibly every day. The patient, being quite well, first went to Moscow and then to the country, where she is enjoying perfect health.

One cannot help acknowledging that the course and issue of this severe case of polyarticular rheumatism were very favourable, principally owing to the absence of complications and the highly unpleasant and dangerous relapses, aggravations and recurrences, which so often cause this disorder to drag on for four to six weeks. The whole attack terminated *by lysis* by the end of the second week and at the beginning of the third, and I am inclined to attribute this result to Schüssler's *Ferrum. phosph.*

It is true that *Ferrum phosphoricum* was given alternately with other remedies, but (1) these latter

(*Aconite*, *Bryonia*, *Belladonna*, *Mercurius* and *Spigelia*, etc.) when administered in previous, and lighter attacks of rheumatism of the patient, did not effect such a full, rapid and even cure, and the attack usually lasted not less than four to six weeks; (2) when the aforesaid remedies were administered in other cases of rheumatism treated by me, the results were likewise not so pronounced; and (3) both my personal impressions as an observer, and the impressions of the patient as the sufferer, were in complete accord as to the fact that after the very first doses of *Ferrum phosphoricum* the pains were alleviated, the patient was enabled to sleep, and the illness took a decided turn for the better.

In any case, I beg to draw attention of my colleagues to this remedy, and if at present its indications are more clinical than otherwise, it is very possible that subsequent provings will corroborate its homœopathicity to acute rheumatism.

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## NOTIFICATION.

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••• Under this heading we shall be happy to insert notices of appointments, changes of address, etc., and holiday arrangements.

DR. KRANZ.

Dr. B. Kranz, of Kreuznach, has changed his address and now resides at *Villa Carona*, 57, *Salinenstrasse*, *Kreuznach*.

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**BELLADONNA IN COUGH.**—A dry cough, spasmodic cough with dryness, rawness and scraping in the larynx. Every now and then you get attacks of suffocation with the paroxysms of cough. The only time you find anything like moisture with the belladonna cough is when a person suffering from chronic catarrh contracts a cold. Then the mucus is seen and felt in shreds.

**SPONGIA IN COUGH.**—A dry suffocating cough with soreness and burning in the chest. The patient is very hoarse. There is a sense of constriction of the larynx which makes the respiration difficult. The difficult respiration often accompanies the dry metallic cough and there is a feeling as if the breath passed through some porous substance. *The dry cough and constriction are both relieved by eating and drinking.*—*Hahnemannian Monthly*.

## HOSPITALS AND INSTITUTIONS.

### THE LONDON HOMŒOPATHIC HOSPITAL.

#### A MUNIFICENT GIFT OF £10,000.

THE Earl of Donoughmore, who presided yesterday (Friday, March 14th) at the Annual Meeting of the Governors, Donors and Subscribers of the London Homœopathic Hospital, Great Ormond Street, W.C., announced that a lady who wished to remain anonymous had sent a cheque through Dr. Byres Moir for £10,000; £9,000 towards the debt to the Bankers amounting to £16,675, and £1,000 to name a Bed in one of the Paying Rooms to benefit gentlewomen of small means requiring a stay in Hospital, and who are not eligible for the ordinary beds in the Free Wards. Lord Dysart had promised to give the last £1,000 if the whole sum of £16,675 due to the Bankers was raised by December 31st next. To endeavour to raise this sum and celebrate the jubilee of Her Majesty's landing in this country, the Board have decided to name the Ward for Children in the New Wing, at present unopened for want of funds to maintain it, the "Queen Alexandra Ward," if the whole sum of £16,675 is forthcoming by December 31st, 1913. The Chairman also announced that Mrs. Washington Epps had expressed her intention of naming a Cot in the Children's Ward by a gift of £750, in memory of the late Dr. Washington Epps, who was for thirty-eight years an active member of the visiting staff of the Hospital.

The report showed that the number of beds available for use is now 163, of which a ward of nine beds was closed for want of funds. The number of in-patients accommodated rose from 1,105 to 1,393, a striking development attributable to the increased number of beds available by the opening of the New Wing. *New* Out-Patients had increased in number from 12,522 to 13,042. For the eighth year in succession the expenditure exceeded the income, the deficit on the year 1912 being £3,234. No Legacies had been received during the year, and no Beds endowed or named. The cost of the site and building of the new



wing amounting to £43,944 and the cost of furnishing of same (£3,469) had been raised, and it was now free of debt. The New Home for Nurses, with 70 separate bedrooms, had cost £16,544, and the furniture £1,886, making a total of £18,430, of which the sum of £7,456, including £500 from the King Edward's Hospital Fund for London, had been received, leaving £10,973 yet to be raised.

His Lordship stated that it was of interest to note that in addition to the ordinary income of the Hospital, a sum of no less than £55,000 had been raised during the last five years at a cost of £645, which worked out at about 1.17 per cent. The cost of each patient per week worked out at £1 11s. 2d. the figures for 1911 being £1 12s. 6d. The expenditure of the Hospital is at the rate of £13,000 per annum. The income is £9,500 only. The expenditure is therefore over £3,500 per annum more than the income, and the Board draw attention to the urgent and immediate need for an increased income of £3,500.

They require over £35 per day to keep the Hospital free from debt.

Mr. R. H. Caird, J.P. (Chairman of the House Committee), moved a resolution empowering the Board to withdraw or withhold from the Capital Funds the sum of £3,500 per year for the next five years to be expended in the discharge of current expenditure if necessary.

The Earl of Wemyss and March was re-elected President, and The Earl of Dysart, The Earl of Morley, The Earl of Plymouth, The Earl of Donoughmore, the Lord Ebury, The Lord Napier of Magdala, Sir George Wyatt Truscott, Bart., and the Hon. William Warren Vernon were re-elected Vice-Presidents.

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CAUSTICUM IN COUGH.—A hollow, dry, hoarse cough with soreness and rawness down from the trachea. The causticum cough is the opposite of rumex in that it is worse when covered up warm in bed. *It is relieved by sips of cold water.* The feeling as if there were mucus in the larynx which the patient cannot get under and raise is very marked in causticum. With the cough the patient involuntarily voids urine.

*Hahnemannian Monthly.*

## SOCIETY'S MEETING.

### BRITISH HOMŒOPATHIC SOCIETY.

THE sixth meeting of the session was held in the London Homœopathic Hospital, on Thursday, 6th March, the president, Dr. E. B. Roche, in the chair.

Dr. Alexander Cosgrove George, L.S.A., of Colwyn Bay, was ballotted for and elected a member of the Society.

Mr. Granville Hey exhibited a woman aged seventy, with very extensive carcinoma *en cuirasse* of two years' duration.

Mr. James Eadie exhibited the stomach from a woman æt thirty-three, who had died of fatal hæmorrhage, due to erosion of an artery on the floor of an ulcer, the size of a sixpenny piece.

In the section of Surgery and Gynecology, Dr. A. Speirs Alexander related a case of intestinal obstruction from growth in the sigmoid colon, and Mr. Knox Shaw and Dr. Hall Smith contributed their experiences of the case.

Mr. Chisholme Williams then exhibited, and commented on, plates and lantern slides, illustrating the therapeutic and diagnostic uses of the X-Rays.

In the discussion which followed, Dr. Vincent Green mentioned recent cases, in one of which the radiographer had stated no renal calculus was present, and the surgeon removed a large one; in the other case the radiographer diagnosed renal calculus, which the surgeon found emulated the bone for which Mother Hubbard sought, or the horse for which Richard III. called, in not being there.

Dr. Roche, Dr. Moir, Mr. Granville Hey, Mr. Shaw, and Dr. T. Miller Neatby also took part.

The usual meeting of the Dinner Club took place at the Holborn Restaurant at 7.30 p.m.

BRITISH HOMŒOPATHIC ASSOCIATION  
(INCORPORATED).

SUBSCRIPTIONS FROM FEBRUARY 16TH TO  
MARCH 15TH, 1913.

GENERAL FUND.

	£	s.	d.
Miss Bell .. .. .	1	1	0
Dr. Finlay .. .. .	1	1	0
H. J. T. Wood, Esq. .. .. .	1	1	0
Dr. E. A. Hall .. .. .	1	1	0
Dr. Wynne Thomas .. .. .	1	1	0
Mrs. Wynne Thomas .. .. .	1	1	0
D. and Mrs. Clifton Harris .. .. .	1	1	0
Dr. Avent .. .. .	1	1	0
H. Ide, Esq. .. .. .	1	1	0
Mrs. Gresham .. .. .	1	1	0
A. J. Latham, Esq. .. .. .	1	1	0
H. de Selincourt, Esq. .. .. .	1	1	0
A. S. Thew, Esq. .. .. .	1	1	0
J. Andrews, Esq. .. .. .		10	6
Dr. J. Murray .. .. .	1	1	0
Dr. A. S. Alexander .. .. .	1	1	0
Dr. C. J. Wilkinson .. .. .	1	1	0
E. F. Duncanson, Esq. .. .. .	2	2	0
Dr. Ellis Morgan .. .. .	1	1	0
Dr. A. Ross .. .. .	1	1	0

LADIES' BRANCH.

	£	s.	d.
Mrs. Henry Wood .. .. .	1	1	0
Mrs. White .. .. .	2	2	0
Mrs. Kennedy .. .. .	1	1	0
Miss Ford Barclay .. .. .	1	0	0

*Note.*—In last month's issue subscriptions from Mrs. Cator and Mrs. Luard were erroneously given in the general list. They subscribe to the Ladies' Branch.

NATIONAL HOMŒOPATHIC FUND.

	£	s.	d.
Miss Agnes Skelton .. .. .	2	2	0
Mrs. Oliver .. .. .	3	0	0
Mrs. H. E. Roberts .. .. .	1	1	0
Mrs. German .. .. .	1	1	0

DONATIONS.

	£	s.	d.
Dr. Steinthal .. .. .		10	6
Miss Geast .. .. .		5	0

*Note.*—In last month's issue the donations from Miss Leila Laing, Master Shawcross, Mrs. E. J. Poole, Miss Blake, Mrs. Wooderson, and T. Stevens, Esq., should have been entered as "per Dr. Evelyn Pierrepont."

#### MEETINGS.

The usual Monthly Meeting of the Executive Committee was held at Chalmers House on Tuesday, March 18th.

The Beit Research Fund Committee met at Chalmers House on Tuesday, Eebruary 25th.

#### TRAVELLING SCHOLARSHIP.

The Ladies' Branch Travelling Scholarship will be awarded this year. Applications are invited, and should be sent to the Hon. Sec., Mrs. Henry Wood, 32, Clanricarde Gardens, W.

#### POPULAR LECTURES.

The last of the Winter Session of Popular Educational Lectures was given by Dr. Roche, of Norwich, at Chalmers House, on Monday, March 17th, under the title of "Homœopathy and National Insurance."

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### EXTRACTS.

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#### REPORT OF A CASE OF *BELLADONNA* POISONING IN A CHILD SEVEN YEARS OF AGE.

By ROBERT E. COUGHLIN, M.D.

BECAUSE of the rare occurrence of this form of posioning, as the writer believes, the following case is reported. None of the text-books go into the particular instances of poisoning by *Belladonna*. Indeed the action of *Belladonna* from a physiological dose standpoint receives very little space, but the action of *Atropin*, which it is said to resemble, is generally put down as being the cause of a long line of symptoms, notably, dryness of throat, dryness of mouth, some disorder of vision, redness of face, dilated pupils,

possibly diplopia, rapid heart action, rash of neck and face which may spread all over the body, lightness of head, giddiness and confusion of thought, staggering gait and restlessness. Drowsiness is a characteristic symptom. Sometimes the delirium is wild, but as a rule active talkative wakeful delirium is present, where the patient appears to be living in a world of his own, engrossed by the spectres and visions which throng him, completely oblivious to surrounding realities.

It goes without saying that when he have a drug with such potency we should be very careful in its administration, especially in children, therefore *Belladonna* and other poisonous drugs should not be administered by the drop method, for the reason that the dose is too inaccurate and variable in consequence.

CASE. F. S., aged seven years. Family history: Father died of tuberculosis at the age of twenty-five years. Mother alive and well, though there was a tuberculous taint in her family. Her mother died at the age of fifty-four years from acute pneumonia, which complicated a chronic tuberculous condition. Her father died of tuberculosis at the age of forty-two years.

The child, F. S., is a healthy, robust appearing boy, but has always had the wetting of the bed habit. For this condition the tincture of *Belladonna* was prescribed by a physician, who was a friend of the family, in ten drop doses three times a day. This treatment was continued for about one week's time when the patient's mother noticed that he was becoming drowsy. She continued with the medicine, however, till the next morning when the boy arose from his bed much earlier than usual, complaining of a sick stomach. There was no vomiting, however. He said he arose early because some one had called him, although this was not so. Immediately upon entering the kitchen he proceeded to remove all bottles from the shelf. Next he said, "Oh look at the mice." After this he said he saw rabbits, goats, and baskets of candy eggs. Among all these things was a fountain pen which he repeatedly tried to pick up from the floor. On looking out of the

window he saw the fences all decorated with red, white, and blue for the parade which he was positive was to occur on that day, although in reality no parade was to occur. Apparently no one could make him believe otherwise. Next he saw six soldiers climbing up a tree without holding on to the branches. At all this he laughed with the greatest glee. Next he saw stars on the parlour carpet. When his relative came into the room he immediately proceeded to pick up one of the stars for her. He ate his breakfast as usual, but persisted in asserting that the table was filled with crullers, which of course was not so as there were no crullers in the house anywhere on this particular occasion. He also thought he saw a watch surrounded by pieces of fancy paper all over the floor. Next he saw a pool of water over which he jumped and said: "There, I'm over." Later he compelled his mother whom he believed to be his teacher, to take him out to see the parade, which he to all intents and purposes enjoyed for fully an hour's time. His mother becoming tired of standing on the street so long, had to almost drag him away from the curbstone. He demurred, however, to such an extent that she had to go back with him again till he believed the parade was over, after which he willingly returned to her. On the way she was compelled by his entreaties to buy a flag for him. This he carried and waved all the way home, though his flag was the only one to be seen on the streets that day. When they arrived home, he immediately began to entertain his friends who were present with an imaginary cigar, which he thought he was able to make appear and disappear at will. During all this time he leaned forward in walking and seemed to be walking on his toes in a stealthy sort of a manner. His pupils were very much dilated and he was apparently looking into space. His face was very red, while in his normal condition he is what might be called a pale child.

The treatment was a good dose of castor oil. Full recovery occurred in twelve hours time, when he was put to bed, and awoke the next morning perfectly well again, attending school on the following day, as usual.

For two night previous to the poisoning, there was no enuresis, nor did he wet the bed on the following night, but on the second night succeeding the posioning the incontinence was resumed, and has been continued ever since to a far greater extent than at any time before, presumably making up for lost time.

*New York Medical Journal.*

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### SCILLA.

By HORACE P. HOLMES, M.D., Sheridan, Wyo.

*Scilla maritima*, or Squills, is the common squills of household and old school practice. It is a sea onion found about the Mediterranean. There are two varieties, the white and the red, the latter of which is used in the preparation of our homœopathic remedy. We use it in the form of a tincture.

*Scilla* was proved by Hahnemann and his associates and but little has been added to its literature by either Allen or Hering in their complete works. The latter author starts his article in Guiding Symptoms with: "Great anxiety of mind, with fear of death," so identical with *Aconite* and *Arsenicum*. This symptom like so many others in our materia medica, may be misleading, as both anxiety and the fear of death may not be present at the same time. As anxiety was a prominent symptom, and fear of death was observed, Stapf put the two together. We may meet with anxiety under this remedy but not necessarily fear of of death. The patient is irritable, angry about trifles as in *Chamomilla*, with aversion to mental or physical labour, which might make sea onions a good diet for Coxy's army.

The headache of *Scilla* reminds us of *Bryonia*. There is headache in the morning on waking, pulsation on raising the head. The child rubs its face and eyes a great deal, which is similar to *Cina*. *Cina* rubs and picks at the nose, while in *Scilla* it is the face and eyes, as if to relieve the itching.

In the eyes there is a sensation as if swimming in cold water, or sensation of cold water in the eyes when

in cold wind. Remedies having a somewhat similar symptom are: *Lachesis* has "cold tears." "Cold feeling in the eyes" is found under *Berberis* and *Medorrhinum* while *Thuja* has "sensation as if cold air was blowing out through the eyes." "Eyes seem cold," *Euphrasia*. "Coldness in eyes," *Alumina*, *Conium*, *Lycopodium* and *Platina*. The upper eyelids may be swollen in *Scilla* as in *Kali carb*. *Elaps* has the symptom, "Bloated around the eyes in the morning."

*Scilla* has an exciting action on the mucous membranes as shown by the symptoms of the whole respiratory tract and the urinary system. There is sneezing, coughing and watery eyes so characteristic of *Allium cepa*, *Euphrasia* and *Pulsatilla*, and in measles. There is an acrid, fluent coryza, worse in the morning. Hering characterises it as "A regular snizzle," if anyone knows what that means. "Snizzle" is a new word to me, and is probably a misprint for snuffle. This symptom reminds us of one of the other onions, *Allium cepa*. The nostrils are painful as if sore, with violent coryza, as in *Allium cepa*, *Arsenicum*, *Arsenicum iodatum*, *Arum*, *Mercurius cor.*, etc.

Food tastes bitter, especially bread. *Asarum* has "bread tastes bitter."

There is great irritation, burning and dryness in the throat, like *Arsenicum* and *Capsicum*. There is an irritation to cough in the throat, in upper part of trachea. There is nausea during morning cough, and nausea in back part of throat. This is probably sympathetic, caused by the irritation and fullness in throat.

Among the stomach symptoms we have "pressure like a stone" characteristic of *Arsenicum*, *Calcarea carb.*, *Graphites*, *Nux vomica* and *Pulsatilla*.

Stools involuntary when coughing, sneezing or passing urine. *Phosphorus* has involuntary stools when coughing, and this symptom I have repeatedly verified. *Sulphur* has involuntary stool when sneezing. Involuntary stool while urinating is covered by *Ailanthus*, *Aloes*, *Muriatic acid*, *Scilla*, *Sulphur* and *Veratrum alb*. *Scilla* is the only remedy having all three conditions causing involuntary stools. This



symptom, together with the throat symptoms, shows *Scilla's* relaxing effect on the orifices of the body.

The urinary symptoms point to the use of this remedy in certain dropsical affections, cystitis, enuresis and diabetes. There is sanguinolent urine with a red deposit, as in *Terebinth*, with tenesmus after micturition, as in *Cantharis*. The frequent calls to urinate at night, passing large quantities of pale urine, recalls *Phosphoric acid*. There is violent urging to urinate with large quantities of pale urine, which suggests the remedy for diabetes.

In its action on the kidneys, Hahnemann brings forth an illustration of the primary and secondary action of *Scilla* which applies to many other remedies—notably *Apocynum can.*—and which should be borne in mind by the superficial homœopath. *Scilla* in large doses causes a profuse secretion of urine and was used by the Egyptians in dropsy and with great rejoicing when this large discharge of urine was produced. But the secondary action, which is scanty secretion, soon follows and the disease is really made worse by the remedy. We homœopaths, as well as all other physicians, should realize that a prompt, active diuretic is a bad remedy to give in dropsy due to insufficient urination, for, while the primary action seems to produce the desired result and to indicate intelligent practice, the secondary action, which is opposite, and sure to follow, leaves our patient worse than before. This recalls Hahnemann's early observation, while he was an old school physician, that many of his patients would have done better had he left them.

It is mainly in the respiratory tract that we find the useful sphere of *Scilla*. It covers bronchitis, pneumonia, whooping cough and asthma. There is wheezing, rattling and dyspnœa. The patient must sit up. There is shortness of breath on exertion and ascending, as in *Arsenicum* and *Calcarea carb.* There is dyspnœa so great that the patient cannot drink for want of breath. *Kali nitrate* has the same symptom.

The child grasps the cup greedily, but can only drink a sip at a time for want of breath.

The cough is terrific, and its fierceness, persistency

and staying qualities are equalled by few remedies. We find the peculiar symptom: "Spurting of urine when coughing." This is found under but few remedies. notably *Alumina*, *Causticum*, *Conium*, *Natrum muriaticum*, *Pulsatilla* and *Veratrum album*. The cough is dry at night and loose in the morning. It is more fatiguing when loose than dry, but is tedious at any time. The cough is worse from cold drinks, from exertion and from change from warm to cold air. *Silicea* has cough worse from cold drinks, while cough worse from change from warm to cold air calls for principally *Carbo veg.*, *Phosphorus*, *Rumex*, *Scilla* and *Veratrum album*.

*Scilla* is indicated in the cough of measles and also by the skin symptoms of that disease.

Every fit of coughing winds up with sneezing and involuntary urination. I have several times verified this symptom. The sputum is white or reddish mucus. It may be sweetish and offensive, as in *Calcarea carb.*, and *Stannum*. It may be in small round balls, very difficult to expectorate. Drinking cold water brings on the cough. *Lycopodium* has cough aggravated by drinking cold water, *Silicea* cough excited by cold drinks, while *Causticum* has cough relieved by drinking cold water.

The chest and lung symptoms are most similar to those of *Bryonia*. There are stitches in the chest, stitches under the last ribs, stitches on inspiration, stitches under scapula, and severe stitches under sternum—so severe as to make it difficult to draw a breath. *Bryonia* and *Kali carb.* are probably the nearest related to *Scilla* in stitches in the chest. There is profuse secretion of tenacious white mucus, expectorated only after severe coughing. Hering gives the indication, once very valuable but now obsolete: "Especially suitable in pneumonia and pleurisy after blood letting."

One must not forget that the arguments regarding the action of *Scilla* in dropsical affections, when given in appreciable doses, apply also to lung and bronchial troubles. Large doses of *Squills* increase the mucous secretion and thereby make expectoration easier. This is the primary action. But the secondary,

opposite action follows, and if the trouble is long-lasting, or with a chronic tendency, the mucus becomes tougher and the cough dryer.

There is convulsive twitching in the limbs, both in arms and legs, worse mornings and from motion. There are cold hands and feet and cold foot sweat. Rheumatic pains which are worse during motion. The limb symptoms remind us of *Bryonia* and *Calcarea carb.* "Icy cold hands and feet, with warmth of the rest of the body," is a symptom found in such words only under *Scilla* and *Menyanthes*. Icy cold feet calls principally for *Cedron*, *Elaps*, *Phosphorus*, *Scilla*, *Silicea* and *Veratrum album*. Sweat only on toes, *Scilla*. Sweat under toes, *Taraxacum*.

In fever there is aversion to being uncovered. When he uncovers during fever he suffers from chilliness and pains, as in *Nux vomica*.

*Scilla* is not only compatible after *Bryonia*, but it is a very close analogue of that remedy. It has its opposite symptom in cough, as *Bryonia* is worse in change from cold air, while *Scilla* is worse in change from warm to cold air. In the furious, exhausting cough we would compare it with *Corallium*, *Cuprum* and *Stannum*.—*Homœopathic Recorder*.

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## OBITUARY.

### MR. W. G. SMITH.

We deeply regret to have to record the sudden death of Mr. William George Smith, which took place on March 7th. Mr. Smith was employed by the Homœopathic Publishing Company for more than forty years, and for years before his death occupied the position of manager. Only those who came in contact with him could realize his endless tact and cheerful good temper, his business ability, and his enthusiasm for Homœopathy. His death will be mourned by the many friends he made and his absence felt by many a friend of Homœopathy, to whom his work counted for much, even if his personality was unknown.

**LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET,  
BLOOMSBURY.**

**HOURS OF ATTENDANCE :—**Medical (In-patients, 9.30 ; Out-patients, 2.0), Daily ; Surgical, Mondays and Tuesdays, 2.0 ; and Thursdays and Fridays, 9 a.m. ; Diseases of Women, Tuesdays, and Wednesdays 2.0 ; Diseases of Skin, Thursdays, 2.0 ; Diseases of the Eye, Mondays and Thursdays, 2.0 ; Diseases of the Nose, Throat and Ear, Wednesdays, 2.0 ; and Saturdays, 9 a.m. ; Diseases of Children, Mondays and Thursdays, 9.0 a.m. ; Operations, Monday, Thursday and Saturday mornings ; and Wednesday, Thursday and Friday afternoons ; Diseases of the Nervous System, Fridays, 9 a.m. ; Electrical Cases, Tuesdays and Fridays, 2.0 a.m. ; Physical Exercise Department, every day except Saturday at 9 a.m.

**TO CONTRIBUTORS.**—Reprints of articles can be ordered from the publishers, on application not later than eight days after publication.

**MEDICAL AND SURGICAL WORKS PUBLISHED  
DURING THE PAST MONTH.**

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| <p><b>Allen</b> (R. W.). The Bacterial Diseases of Respiration and Vaccines in their Treatment. Roy. 8vo, pp. 246. (H. K. Lewis. Net 6s.)</p> <p><b>Berkeley</b> (Comyns). Gynaecology for Nurses and Gynaecological Nursing. 2nd edition, enlarged and revised. Cr. 8vo, pp. 174. (Scientific Press. Net 2s. 6d.)</p> <p><b>Buchanan</b> (E. D. and R. E.). Household Bacteriology. For Students in Domestic Science. Cr. 8vo. (Macmillan. Net 10s.)</p> <p><b>Buchanan</b> (George Burnside). Handbook of Surgery. Re-issue. Cr. 8vo, pp. 574. (W. Bryce. 6s.)</p> <p><b>Burnet</b> (James). Handbook of Medical Treatment. Re-issue. 12mo. pp. 174. (Black. Net 3s. 6d.)</p> <p><b>Cunning</b> (Joseph). Aids to Surgery. 3rd ed. (Student's Aid Series.) 12mo, pp. 424. (Baillière. Net 4s. ; swd. net 3s. 6d.)</p> <p><b>Elderton</b> (W. P.) and <b>Perry</b> (S. J.). A Fourth Study of the Statistics of Pulmonary Tuberculosis ; The Mortality of the Tuberculous ; Sanitarium and Tuberculin Treatment. (Drapers' Company Research Memoirs.) 4to, swd. (Dulau. Net 3s.)</p> <p><b>Getty</b> (V. C.). How to Read a Drawing. 8vo. (Lippincott. Net 4s. 6d.)</p> <p><b>Hanna</b> (William). Studies in Small-Pox and Vaccination. 4to, pp. 52. (Simpkin. Net 7s. 6d.)</p> <p><b>Hitschfelder</b> (A. D.). Diseases of the Heart and Aorta. 2nd ed. Roy. 8vo. (Lippincott. Net 25s.)</p> <p><b>Humphris</b> (Francis Howard). Electro-Therapeutics for Practitioners. Illus. 8vo, pp. 250. (E. Arnold. Net 8s. 6d.)</p> | <p><b>Hurry</b> (J. B.). Vicious Circles in Disease. 2nd and enlarged edition. Cr. 8vo. (Churchill. Net 7s. 6d.)</p> <p><b>Hutchinson</b> (Robert). Lectures on Diseases of Children. 3rd ed., 8vo, pp. 416. (E. Arnold. Net 10s. 6d.)</p> <p><b>Jellett</b> (Henry). A Short Practice of Midwifery. 6th ed., revised, 8vo, pp. 636. (Churchill. Net 10s. 6d.)</p> <p><b>Leach</b> (A. E.). Food Inspection and Analysis. Revised and enlarged by A. L. Winton. 3rd edition. Roy. 8vo. (Chapman &amp; Hall. Net 31s. 6d.)</p> <p><b>Leftwich</b> (Ralph W.). Tabular Diagnosis. An aid to the rapid differential diagnosis of Diseases. Cr. 8vo, pp. 366. (E. Arnold. Net 7s. 6d.)</p> <p><b>Macleod</b> (John J. R.). Diabetes : Its Pathological Physiology. 8vo, pp. 236. (E. Arnold. Net 10s. 6d.)</p> <p><b>Medical Annual</b> (The). 1913. A Year Book of Treatment and Practitioner's Index. 8vo, pp. 1000. (Simpkin. Net 8s. 6d.)</p> <p><b>Meller</b> (J.). Ophthalmic Surgery. 2nd ed. 8vo. (Rebman. Net 12s. 6d.)</p> <p><b>Ostertag</b> (Robert). Handbook of Meat Inspection. 4th ed. Illust. Roy. 8vo, pp. 920. (Baillière. Net 31s. 6d.)</p> <p><b>Roberts</b> (C.) and <b>Smith</b> (R. M.). Practical Locomotive Operating. 8vo, leather. (Lippincott. Net 8s. 6d.)</p> <p><b>Roemer</b> (P.). Textbook of Ophthalmology in the Form of Clinical Lectures. Vols. 2 and 3. Roy. 8vo. (Rebman. Each net 10s. 6d.)</p> <p><b>Williams</b> (Leonard). Minor Maladies and their Treatment. 3rd ed. Cr. 8vo, pp. 44. (Baillière. Net 5s.)</p> <p><b>Zinsser</b> (F.). Diseases of the Mouth. 4to. (Rebman. Net 30s.)</p> |
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ALL literary matters, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. C. E. WHEELER, 35, *Queen Anne Street, Cavendish Square, W.*

Letters to the Editor requiring personal reply should be accompanied by stamped directed envelope.

All advertisement and business communications to be sent to the "MANAGER" of the Homœopathic Publishing Company, 12, Warwick Lane, Paternoster Row, London, E.C.

LITERARY matter and correspondence should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the *Editor* as early as possible.

## CORRESPONDENTS.

Dr. Fallon, Cape Town.—Dr. Ray, India.—Dr. Day, London.—Dr. Simpson, Birkdale.—Dr. Patrick, Glasgow.

BOOKS AND JOURNALS  
RECEIVED.

Brit. Hom. Review.—Revist. Hom.—Med. Times.—Allg. Hom. Zeit.—Med. Advance.—The Chironian.—La Homœopatla.—Ind. Hom. Rev.—Hom. Envoy.—The Chemist and Druggist—Medical Century.—Rev. Hom. Française.—H. Recorder.—L'Omlopatria in Italia.—Revista Hom. de Pernambuco.—N.A.J. of H.—New Eng. Med. Gaz.—L'Art Médical.

—Hom. Jour. of Obst.—Annals de Med. Hom.—Century Path.—Hahnemannian Mon.—Pacific Coast Jour. of H.—Journal B.H.S.—Zoophillst—Calcutta Jour. of Med.—Le Propagateur de L'Homœopatie.—Cleveland Medical and Surgical Reporter.—Från Homöopatien Värld.—Journal of the American Institute of Homœopathy.—Indian Homœopathic Reporter.—La Critica.—The Homœopathician.—Iowa Homœo. Journal.

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Some Clinical Experiences Embracing Treatment. By Leon Brasol, M.D., St. Petersburg.

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## CORRESPONDENCE:

The Children's Homœopathic Dispensary the Nucleus of the Children's Homœopathic Hospital.

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# THE HOMŒOPATHIC WORLD.

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MAY 1, 1913.

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## RESEARCH.

Now that our body possesses a certain fund of money for research, there may be an advantage in considering various possible lines along which enquiries may be conducted. A Homœopathist thinks first, naturally of drug provings. There is endless work to be done with new drugs and nowadays, as it is desirable to check subjective symptoms, where possible, with blood and urine examinations, and such expert procedures, money is needed as well as devotion. As to older drugs there is a field of value to be exploited whenever one drug is at all closely associated with a germ or group of germs (*e.g.*, *Hepar Sulph.* with *Staphylococcus*), by testing for evidence that the drug heightens specific bodily resistance in agglutinins, opsonins or whatever. Add the possibility, for instance, of the effect on a Wassermann reaction of treatment by the *Simillimum*, and it becomes clear that in this and other ways we can make use of the laboratory to advantage. Then there is all the field of demonstration (if possible) of the action and nature of potentization. Can we demonstrate biologically on living organisms a drug action in high potencies? Dr. Jousset has done something in this sphere, but there is room for much more. Can the physicists help us to measure "drug force," or even to prove its presence? All these matters need careful consideration, and if the reapers are as yet few, there can be no question as to the harvest.

## NEWS AND NOTES.

### BRITISH HOMŒOPATHIC CONGRESS—PRELIMINARY ANNOUNCEMENT.

THE Congress will be held this year at Liverpool, on Friday, September 19th, under the presidency of Dr. William Cash Reed.

The Council of the Congress is pleased to intimate that the Liverpool colleagues are arranging to include some of the unique clinical and diagnostic opportunities that Liverpool medicine affords, in the agenda of the Congress Session.

Fuller particulars will be very shortly given in the announcement circular. The opportunities, moreover, will be so unusual, and the demonstrations so valuable, that the Council trusts to ensure the attendance of every available homœopathic physician in Great Britain. The initiative and labour of our Liverpool colleagues will, it is hoped, be justified by a great meeting of our branch of the profession.

### THE EFFECT OF SILICON COMPOUNDS ON LEUCOCYTOSIS.

AFTER having been regarded generally (outside Homœopathic circles) as inert, the Silicon compounds have begun to attract attention as remedies. Paracelsus and Glauber both used them (chiefly for gout and stone), and in our own day Professor Schulz has not only used *Silicea*, but "proved" it. Several other German medical men have worked at the *Silicea* problem, Siegfried, Kobert, Zickgraf and Schwarz. The last named has experimented with the mineral water of the Glashäger Spring which contains about one in 25,000 parts of *Silicea*. Twenty-three persons took the mineral water in varying quantities. Three showed no result. All the rest showed a leucocytosis which varied from an increase of 40 per cent. to 216 per cent. This effect of *Silicea* may account in large degree for the value of the remedy in homœopathic hands for old suppurations, fistulæ, etc. It is a very noteworthy experiment that we record here.

### CLINICAL VERIFICATIONS OF *TUBERCULINUM*.

FROM various cases, it would appear that the *Tuberculinum* patient is a very sensitive person, mentally and physically ; extremely sensitive to pain ; sensitive to noise ; to touch ; intolerant of clothing ; subject to deep brain-headaches and intense neuralgias.

Mental depression is deep, and mental symptoms are marked, sometimes bordering on insanity.

There is marked craving for fresh air, with < from dampness ; < from becoming wet ; from any draught ; often from wind.

The patient is < in the early morning and after sleep.

< from bathing is found in some cases.

Tension all through the body appears to be characteristic, most marked in nape of neck and down the spine.

General exhaustion is a strong feature ; nervous weakness and weariness.

Quiverings ; tremblings ; pulsations ; faintness.

Sensation of suffocation, even with plenty of fresh air.

Chilliness between shoulders, or up the back.

Many stomach and bowel disturbances, including rectal hemorrhage. Easy nausea.

Menstrual disturbances prominent.

Sleep poor ; waking early or over-powering sleepiness in daytime.

Dreams vivid and distressing.

The case often resembles *Phos.*, *Sulph.*, *Nat.-m.*, or *Sep.*

The patient may present a fairly good appearance, yet have these menacing nervous disturbances.

*The Homœopathician.*

### HOMŒOPATHY EXPERIMENTALLY DEMONSTRATED.

OUR ingenious colleague, Dr. Cahis, of Barcelona, always searching after new experiments, decided to test the effect of a preparation of his own of Tetanus toxin in its power to antidote the "similar" poison of *Strychnine*. He used his preparation in his characteristic mixture of high potencies, and claims that



the higher the potencies the more marked the antidotal effect, and that in one instance, a dose of 45 per cent. in excess of the minimum lethal dose of *Strychnine* was successfully antidoted.

#### SUCCESSFUL THEURAPEUTICS.

It is always pleasant to learn from the enemy, and two recent pieces of successful treatment by orthodox physicians will be of interest to our readers. The first is the treatment of carbuncles, boils, and certain other staphylococcic and streptococcic infections by dilute *Sulphuric acid* internally, for which great success is claimed by Dr. J. Reynolds and Dr. Russell Reynolds. The remedy of course, is not infrequently indicated homœopathically in such conditions, but these doctors give large doses, twenty to thirty minims every four hours, and maintain that small doses are useless. It would be interesting to try the effect of potencies, but the effect of these considerable ones seems a marked one. The other piece of practice, is the treatment of Pneumonia by single or infrequently repeated doses of eight to ten grains of *Aspirin*. Quoted cases of Dr. Davidson show an apparent abortion of the disease or at least, a marked anticipation of the crisis, and the results are so striking, that a proving of *Aspirin*, desirable on other grounds, is now urgently called for.

#### AN ORTHODOX PRESCRIPTION.

NIGHT SWEATS OF PHTHISIS.—*Agaricus albus*, 5 grains. *Powder of Belladonna*,  $\frac{1}{2}$  grain. *Camphoric acid*, 4 grains. *Powdered jaborandi*,  $\frac{1}{2}$  grain.

This prescription appeared in an orthodox journal recently. *Belladonna* we can understand as an "opposite" to sweating; *Agaricus* has sweating among its symptoms, and the cold sweat of *Camphor* is familiar to us, but both of these may be unknown to those who have not studied the provings; but who is unaware that *Jaborandi* causes the most profuse sweating and how, if not homœopathically, can it be given to check excessive perspiration?

B.H.S. GOLF TOURNAMENT, 1913.

1	Bye H. Ramsbotham	}	—	}	
2	Bye Byres Moir	-	}	—	}
3	Bye T. Ord	- - -	}	—	}
4	Bye N. Grace	- -	}	—	}
5	B. Nankivell	-}	—	}	
6	W. Robertson	-}	—	}	
7	J. Watson	- -}	—	}	
8	J. Eadie	- - -}	—	}	
9	J. Weir	- -}	—	}	
10	E. Cronin	- -}	—	}	
11	C. Greig	- - -}	—	}	
12	C. Powell	- -}	—	}	
13	A. Bird	- - -}	—	}	
14	E. Neatby	- -}	—	}	
15	C. Wheeler	- -}	—	}	
16	H. Mason	- -}	—	}	
17	C. Pritchard	- -}	—	}	
18	V. Green	- -}	—	}	
19	F. Shaw	- - -}	—	}	
20	W. Thomas	- -}	—	}	
21	G. Goldsbrough	-}	—	}	
22	Knox Shaw	-}	—	}	
23	Bye E. Capper	- -}	—	}	
24	Bye J. Johnstone	- -}	—	}	
25	Bye G. Hare	- -}	—	}	

First Round to be completed by May 31st.

Second round to be completed by June 30th.

Third round to be completed by July 31st.

Fourth round to be completed by August 31st. Final  
to be completed by September 30th.

N.B.—The first named to write to opponent to  
arrange match.

EDUCATION FACILITIES.

SUMMER SESSION, 1913.

A POST-GRADUATE Course of Lecture Demonstrations  
will be held at the London Homœopathic Hospital as  
follows, on Fridays, at 5 p.m.

May 2. Some Cases of Intracranial Tumour, by Giles F.  
Goldsbrough, M.D.

- May 9. The Treatment of Spinal Curvature Demonstrated by cases, by Herbert E. Deane, M.D.  
 „ 16. The Treatment of Bacteriuria by Vaccines, by George Burford, M.B.  
 „ 23. The Acute Abdomen, by James Eadie, F.R.C.S. Eng.  
 „ 30. The Differential Diagnosis and Treatment of some Acute Eye Affections, by A. Spiers Alexander, M.D.  
 June 7. Bier's Hyperæmia Treatment, by Dudley D'A. Wright, F.R.C.S. Eng.  
 „ 13. Gallstones, by T. Miller Neatby, M.A., M.D.  
 „ 20. The Importance of the Mineral Constituents of Vegetable Drugs, by C. E. Wheeler, M.D., B.Sc.

*All the Lectures will as far as possible be illustrated by the Demonstration of Cases.*

All medical men will be welcomed to these Lectures on presentation of their address card.

NOTE.—The Hospital may be reached by the Central London Tube (British Museum Station), or the Piccadilly and Brompton Tube (Russell Square Station) thence by Southampton Row and Cosmo Place.

ARGENTUM NITRICUM.—Physicians frequently complain that they do not get the results from this remedy which they expect. The same statement is also to be found in the texts. Perhaps the reason is that the *trituration* or tablet *triturations* which they are giving are not *Argentum nitricum*, but the *oxide of silver*. Silver nitrate soon after being triturated is very apt to decompose into the Oxide, which differs considerably from the Nitrate. Silver nitrate is white, while the Oxide has a dark colour. If the trituration which is labelled *Argentum nitricum* has any appreciable colour the prescriber may know that is a unreliable preparation, and should not be disappointed if he does not obtain the expected results. Should it be desired to prescribe the remedy, direct the pharmacist to prepare a solution of one grain of the C.P. nitrate to 1,000 parts of water. This practically corresponds to the three-x trituration and a teaspoonful may be given every two or three hours. A freshly prepared trituration would answer equally well, but by giving the drug in solution as above suggested the bother and trouble of making the trituration is avoided. The prescriber may be sure of giving the pure, undecomposed Silver nitrate if he uses the gelatine coated pills as prepared by allopathic concerns, but frequently the sixth of the dose of these pills is greater than would be desired in homœopathic practice.

*A. E. Hinsdale.*

## ORIGINAL COMMUNICATIONS.

### THE NATIONAL INSURANCE ACT AND THE POSITION OF HOMŒOPATHISTS UNDER IT.\*

By Dr. E. B. ROCHE, President of the B.H.S.

MR. CHAIRMAN, LADIES AND GENTLEMEN.—I am here to-night as President of the British Homœopathic Society by the invitation of the British Homœopathic Association, to address you on the Medical Insurance Act in its relation especially to Homœopathy. Homœopathy, the art of treating disease on a well founded and well proved law—the law of similars—is in our estimation (whatever else we may esteem), the most important advance in the domain of medicine. Convinced of its truth; in many cases converted from ignorance and opposition, and now fully confirmed by observation and practice, we are here, whether as physicians or laymen, representatives of our two important Societies, to consider our proper place, our reasonable claims, as well as our wisest course of action under the remarkable Act which has now become the law of our land. That it is only part of considerable and far reaching change (either for good or evil) which is coming, is I think clear to all who are awake to the rapid developments in our country. It is only a step though a long one in the direction of public control and administration, in regard to what have hitherto been considered private and individual interests. Various minds will doubtless estimate it very variously, and though as a measure for providing the much-to-be-desired Insurance against disease and unemployment, it gained general applause at its birth, it has aroused in its later developments (in process of unfolding and investigation), a very strong opposition from various corporations and circles; and by none more defiantly than the so-called British Medical Association. This body, so far as we Homœopaths are concerned, has never earned any respect or confidence, having always treated us with all the unreasoning opposition of ignorance, intolerance, and invective. It is therefore only

\* A lecture delivered at Chalmers House.

natural that when that Association constituted itself a dictator, and inaugurated a series of processes, including the exaction of promises of refusal to work, of provision of funds to oppose, and resignation of standing appointments, many of us refused to commit ourselves to the leadership of such a body which had exercised such a painful and unfair influence in our past experience. The history of this chapter in the controversy ended, as I think most unprejudiced people expected and predicted, in a most humiliating *débacle*, and the precipitate climbing down of those who under pressure had promised in haste, repented at leisure, and finally retreated in confusion. Many indeed had been led on in ignorance of the *impasse* in which they were bound to find themselves, and future nets will be set in vain in the sight of the birds. "Once bitten, twice shy." "Burnt children fear the fire."

Homœopathy has been before the public eye for more than a hundred years. Its introduction into England dates from the middle of the last century.

In America, with its freer atmosphere, its progress, unchecked by the iron hand of medical trades-unionism, has been very great. Many thousands of qualified exponents of its truth are there, and some of the finest hospitals in that country are established and occupied in its practice. In England, so bitter has been the opposition that comparatively few have been found able to brave the contumely, misrepresentation and persecution of a so-called orthodox and liberal profession. Efforts were made to prevent those supposed to favour Homœopathy obtaining their medical qualifications.

Special legislation was invoked to meet this short sighted policy, and it was finally declared that no one should on examination be required to promise not to practise homœopathy, and that any such interference with the candidate was illegal. All honour to the stalwart champions who carried the flag of our liberties to victory. A conspiracy of the Medical Press, the doctors, nurses, chemists, and those whom they influenced was in full blast for half a century, and by common consent of these, the epithets of knaves and

fools, were applied to all who declared their faith in the pestilent and ludicrous heresy of Homœopathy.

Patiently, painfully, persistently, pushing forward the truth they knew and sought to establish, the comparatively small band of disciples of Hahnemann has grown in numbers, and in these later years, though still few in proportion, has outlived the charges of knavery and folly, and though again and again declared dead and buried, has renewed the march in the face of their astonished and disappointed enemies.

Now in this century, we are described as schismatics for not subscribing to an orthodox practice, ever changing its fashions, but completely discarding and denouncing the practice which was orthodoxy when the battle begun, a body which as regards its medication, has developed on the lines of our much abused law, or by the unacknowledged appropriation of many of our long established remedies.

Our practice, during all this time, has continued faithfully along the lines of our first principles, while the so-called orthodox profession (from which there should not be any separation) has abandoned the bulk of the practice against which the early protest of Homœopathy was made, and has declared it to have been utterly worthless, if not positively injurious.

Simpler prescriptions, single medicines, vaccines, radium, electric, and solar therapy, mostly along the lines of our far reaching law, with many strangely familiar, but newly discovered specifics have completely changed the practice which prevailed in the orthodoxy then, but may it please you, it is orthodoxy still; and while refusing to Homœopathy its right and independent place, as an honest expression of experience and conviction, it casts it out and thus creates and perpetuates the schism.

The "law of similars" which Hahnemann propounded a century ago, has been consistently held and practised by those who have accepted it as their guide to the cure of disease, and this and this only is the essential and unchanging feature to which all the disciples adhere. Each must work out its careful application according to his ability and experience, using all

the light and leading available ; but whatever the steps, in the attempt to find the medicine which will cure the patient (*cito, tuto, et jucunde*), the " law of similars " is the essential guide. Experience of this great truth by doctors and patients has led to an ever widening faith, and an increasing homœopathic public. The establishment of our excellent hospitals and dispensaries, and the continuance of all this practice in public and private through a century in spite of mighty prophecy as to its speedy death and burial, have caused a palpable change. At last, the unworthy abuse and ostracism have for the most part, died out. At last, the stringent boycott of the medical press has broken down. Consultations long declared useless and impossible have become accomplished facts, and in the consulting room, the operating theatre, or at the bedside, physicians and surgeons can meet in useful and helpful investigations and operations. What the next few years may see, depends largely on the use we make of our opportunities, and the success of our practice in the light of scientific tests and demonstrations. We look forward with earnest expectation to the rapid developments and discoveries in research work, to confirm as they have already done the reasonableness of our law and practice, and the reasonableness and utility of minute portions of matter, under varying conditions acting as remedial agents, notwithstanding all the old time ridicule.

It is not my province, this evening, to discuss the merits of the Medical Insurance Act as a legislative measure, nor to express my own opinions, or quote the opinions of others, for or against it. As an Act it stands as an accomplished fact, and is being worked, while being amended in detail, as every such large and complicated enactment must needs be.

That still many improvements and changes are sure to be introduced as the result of collective experience and thought, and that much unnecessary clerical work will drop out, may be taken for granted. That much friction and opposition would have been avoided had more time been available for its development is true, but on the other hand, it is doubtful if it could ever

have been carried to a conclusion if its various propositions had been subjected beforehand to all the winds of criticism which would have attacked it from every point of the compass. Recognising that the public health was one of the nation's most valuable assets, and that insurance against sickness, and speedy restoration to health, were essentials to our country's prosperity, a comprehensive scheme was launched like a bolt from the blue, and though very far reaching, had in it the elements of a great national advance. It embraced in its insurance scheme provision for millions who could make no sound and adequate provision for themselves, provided for the assured solvency of the societies professing to cater for their needs—a most important provision—ensured proper medical care, with proper medicine for the sick, and sick pay for the incapacitated. Maternity benefit and sanatorium treatment, in addition, met all-important needs, and provided for the relief of two heavy burdens which caused great and costly mischief, and augmenting of disease.

As far as possible, every facility was granted for the strengthening and consolidation of the various approved societies, thus compelling them to be on a solid financial basis, by constant competent inspection, and thus free from the withering fiasco of a supposed provision vanishing amidst the clouds of age, ill-health, and inability to work. Not only were these manifest benefits secured, but "reserved values" were created which would automatically enable those societies which were already financially sound, to formulate for their members still more extended benefits.

The medical work was to be carried out by a panel of doctors in each borough, and on this panel, all legally qualified medical practitioners could serve. As a rule, the doctors of clubs had dispensed their own medicines, and it had come to be a rooted conviction that medicines thus provided, at slender rates and at the doctor's expense, were very often far from satisfactory, and in many cases little better than a farce. The medicines are now in all ordinary circumstances to be dispensed by qualified chemists, paid for apart from



the doctors, and the chemists open, like the doctors on the panel, to the insured person's choice. The chemists also are to provide all applications and appliances prescribed. The provision of local insurance committees, medical committees, clerks, and inspection officers for working the Act, are all duly provided in its various clauses. The Insurance Commissioners control the whole working of the Act, and are the ultimate appeal.

Speaking individually, my mind was early made up that as a homœopath, I must take my place on the panel for the sake of Homœopathy, and my poorer homœopathic patients. Liberty of all legally qualified practitioners to serve, and liberty of the insured to select their own doctor, could only work for the good of our cause, if Homœopathic doctors serve on the panel. Otherwise, the poorer homœopaths would find themselves compelled to choose an allopathic doctor, or be allocated to any one on the panel. The terms of the Act secured the primary rights of those who were believers in Homœopathy, both doctors and patients. This was an important point, as for the first time in this country, it became the right of a homœopathic practitioner to take a public appointment, and receive payment from the public funds. This being the case, I personally recognising the importance of the step, placed myself, though the senior practitioner of our city, on the panel, at the time when a vigorous manifesto against forming a panel was being advertised in the daily paper. The line of things adopted by the bulk of the medical practitioners under the guidance of the British Medical Association seemed to me so mistaken and unreasonable, that I was the more ready to assume this position, and in doing so secure my public recognition, and also make positive the right of those who, having free choice might wish to be treated homœopathically. On studying carefully the details of the act, one of our greatest obstacles, as in the early days, lay with the question of the supply of medicines. The ordinary supply of medicines in places where there are chemists, is to be by prescription written by the doctor, but taken by the patient to any

of the chemists. Only in places where there was no chemist, or where special urgency existed, might a doctor supply, and charge for medicines. There was thus a panel of chemists, and also a schedule of drugs, and the ordering of anything outside this list required a special prescription on pink paper, the ordinary one being green. The reason for separating the supply of medicine from the doctor wherever possible, and placing it in the hands of the chemists, so that the doctor made no profit by it, was that the patient might ensure as good medicine as possible, being free to go to any chemist he liked, but being by the letter of the act, obliged to make this journey, longer or shorter, in person or by deputy, before any medicine can be obtained. The main object was good medicine for the patient.

Unfortunately, the majority of chemists know nothing of our medicines, and the few who nominally stock them at all, do so without interest or sympathy, and in most cases still with antipathy and incredulity. It is manifest therefore, that one could not send prescriptions to chemists generally, except for external applications and appliances. Fortunately, in my city, my chemist happens to be a highly qualified man, who while doing all dispensing work, has been for years relied on by me for the supply of my medicines. In consultation with him, I determined on a list of forty or fifty most commonly used medicines, and the attenuation of each I desired to use, and had them all prepared in one dose tablets. A dispatch box was divided with compartments to hold the oval, wide-mouthed, screw-capped bottles containing these tablets, and the bottles marked on the caps. These medicines were all furnished, and are at all times replenished by the chemist free of all charge to the doctor, and as the tablets are given in little boxes, also provided in the case, to each patient visited, the regulation prescription is written, and these prescriptions are handed daily to the chemist, and are in due course presented by him to the authority for payment of the sums charged by him. Patients seen daily at the surgery, have their prescriptions, written there, given to them

which they carry to the chemist, close at hand, to be dispensed.

Thus far, and in my own case, the difficulty was with a little common sense and consideration met fairly easily. But in many places there is no homœopathic chemist, and the question was asked again and again, how can we deal with this question of dispensing if we go on the panel? May we give our own medicines free of charge, if we choose so to do, as we have always done? Or, will the Commissioners allow us, as there is no available chemist, to have the money appointed for medicine as in the case of a doctor in country places, or a part of it, leaving the rest for external applications and appliances obtained from the chemists? Or, may a doctor where there is no chemist, obtain a supply from a given authorised homœopathic chemist, and send prescriptions to him.

These questions as to the supply of medicines by homœopathic panel doctors, have been laid before the Insurance Commissioners, and await decision. The question we are seeking to decide to-night, is what ought to be our attitude towards this Act. The first point is, as we have seen, the long desired opportunity of obtaining national recognition and remuneration on equal terms with all the members of our profession. Most, or at any rate, many of our colleagues have given a full share of service in hospitals and dispensaries, desiring to establish increasing confidence in our treatment, by experience in time of need. A proportion of those insured under the Act have been in the habit of availing themselves of this privilege, and unless our practitioners go on the panel, will be compelled to accept other treatment. Many more who have been practically compelled to have a club doctor, are now free to choose any one on the panel, and would like to have homœopathic treatment, which they have seen succeed in the case of their women and children who have been so treated. If our doctors do not go on the panel, Homœopathy cannot continue to make the steady progress it has done. Great opportunity will be lost of demonstrating on a considerable and reliable basis the comparative value, in various ways, of homœo-

pathic and ordinary treatment. Results as to relative cure and mortality—length of sickness and convalescence, and as connected with this, the relative cost of the medicine required to do the work.

These important points are sure to come to the front and challenge the attention and interest of men of business, and even in time of the profession. The object of all, becoming more and more to lessen sickness, and the work it entails, and to keep down expenditure, it is obvious that under these conditions, any clearly demonstrated advantage, as to work and expense, would receive much more ready and appreciative consideration. Such proofs existing, many more would be more inclined to accept and practise these more successful methods.

Having confidence as to this superiority, we are therefore very anxious by accepting the opportunity, to demonstrate it, by every means, and such comparison is brought in a way never before so fairly attainable, side by side on very equal terms in the records of the panel practice. Naturally, a homœopath desires to treat those who desire his treatment, and it is such who in the first place, apply to the doctor, that they may be placed on his list.

Now it may be conceded in this regard that a considerable number of those first applying to a panel doctor have been on his books as patients, either private or dispensary. In certain parts, as in Lancashire, this is so much the case, so many working families earning large wages, that it forms a considerable menace as to loss of income. No change seeking advance or reform ever found expression in legislation without pressing heavily on some individuals, and these were as in this case, those whose practice or business presented peculiar features, as to easy earning from a well paid working constituency, and it must be remembered that a considerable part of these clients would not, in any case, continue to pay for what they can obtain as the natural result of their enforced insurance. The loss would be the same to a very large extent, whether on or off the panel, by the homœopathic doctor, and there is the loss of considerable educative

influence if service is declined. It should be borne in mind also, that the uninsured members of families, the women and children form a considerable *clientèle*, and, as a rule, follow the choice of the head. Where one leads, others follow, and popularity comes with proof and observation. A hearty acceptance of the Act if possible, and courteous treatment of patients in a comfortable surgery, will have its manifest effect, and those who object to the necessary discipline of the regular times of attendance, order in being attended to, production of cards and such like regulations, will still frequent the private consulting room, and pay for the enjoyment of their old independence as they did before. The difficulty increases when free choice having been neglected, or application refused, those still unsettled are brought to allocation. This is to be done by a system of drawing, so as to avoid favouritism, the names being drawn in turn, and placed against the names of the doctors on the panel in turn. As a preliminary to this, as soon as the total number of the unsigned is known definitely, each doctor on the panel is asked how many more he is desirous of having, if any, and if the number of unsigned does not exceed the total number asked for, then they may be balloted out to those desiring them in the proportion desired. If they are still too many, then the overplus must be balloted out in proportion to all those on the panel.

Of course, there would be nothing to prevent doctors amongst themselves effecting exchange of such allocated patients, if such change would give those nearest to the doctors to the doctor nearest them.

There have been already many alterations and simplifications agreed upon which will greatly facilitate the working of the Act, and we may reasonably expect that the Committees and Commissioners will be ready to consider any other suggestions for the better working and to increase the usefulness of the service. It appears to me, that there are two very important matters which specially offer opportunity to us as homœopaths to facilitate our working under the Act.

In the Form <sup>43. a</sup><sub>1. c.</sub>, containing instructions to persons making their own arrangements (Par. 6), no contribu-

tions can be made by the Insurance Committee towards the cost of medicines and appliances supplied by or at the profit of the doctor undertaking the treatment of the insured person except :—

*a.* If the medicine is a medicine which is ordinarily administered by the doctor to the patient.

Now this appears to meet the case of our practice, which is usually to administer the medicine to the patient, and we could besides make it quite clear that the doctor makes no profit in any way as the medicines are the property of the chemists, merely given by the doctor, and in every case, represented by a prescription handed to the chemist, and priced and rendered by him to the Committee and paid by them to him. The other point is that it would be a very practical proceeding for all the insured persons in a place, desiring homœopathic treatment, and therefore according to another paragraph, "in circumstances in which the insured persons desire a particular system of treatment not undertaken by doctors on the panel," to make a collective application over their individual signatures, setting forth their desire, and the reasons, explaining also the special character of the treatment and of the medicines, only to be had from a special doctor and a special chemist, but both legally qualified, and also ready to be placed on the panel, starred for special service, and in a place where there is no such special chemist, that the doctor should be permitted to prescribe the medicines, prepared by such a special chemist, and supplied by him, receiving a prescription for each patient treated and rendering his account to the Committee. The money for such a list of insured patients, might be pooled against the costs incurred, paying the doctor according to a schedule or doctor and chemist might agree to a payment *per* patient.

The *bona fides* of such a proposition, ought to be self-evident, and would be an obvious means of encouraging the smooth and efficient working of the Act, gratifying and satisfying the patients, and securing good and loyal service from the doctor.

What is wanted, is a determination to act not from selfish motives, but from an enthusiasm for the noble

cause of Homœopathy, to advance its interests even at personal loss and inconvenience, and the assurance that such fidelity will bring its own reward. We will not leave those whom we have educated to value our treatment in the lurch, but provide for their help and peace of mind. We will show that money can and does, take a second or even third place, and that we hold our principles so dear, that we must seize the opportunity to preserve, advance, and defend them, even though it be at some personal effort, self-denial, and sacrifice. Example is better than precept, and it is therefore, though I might reasonably have excused myself, I determined to take my place at this important crisis, and thus qualify myself as representing both our Societies, to exhort all, and specially my younger brethren, to be up and doing, leaving nothing in the hands of the enemy, but placing our standard high at every point of vantage, faithful to our great and beneficent cause.

The faithful, strenuous work of so many valiant champions, who have left us the legacy of their noble achievements in the past, should stir us all to the attainment of our most exalted ideals for the worthy truth for which we stand here to-night, shoulder to shoulder.

### CURENTUR OR CURANTUR ? \*

By J. H. McCLELLAND, M.D.

THE inquiry we are about to make, and the conclusions we shall try to reach, are not without difficulty. This difficulty is enhanced by the fact that Hahnemann, himself, so rarely makes use of the formula in his writings. Then, again, it is difficult to arrive at just the right point of view. Dr. Dudley, in his paper, has successfully endeavoured to throw some light upon this phase of the subject, by a searching enquiry into Hahnemann's own declarations in the "Organon." We must also take into account, what is sought to be conveyed by this now famous Latin phrase ; is it an

\* The following article was presented to the A. I. H., and we take the opportunity to reprint it here. The B. H. S. has for long adopted the formula "Curentur."

abstract statement of fact, or is it a rule of practice? Does it formulate a law of nature, a law of cure, or does it teach a method of healing? If we can arrive at a definite conclusion with regard to these important questions, we shall have gone a long way toward reaching a solution of the difficulty. I shall assume that Hahnemann, whose mind was intent on furnishing a scientific basis for the practice of the healing art, was abundantly competent to express it in absolutely correct form. We, of course, concede that this formula was not original with Hahnemann, but came down from Paracelsus through his pronounced disciple, Johan Rhumel. There is no evidence to show, however, that these worthies had any idea of its universal applicability. Neither Paracelsus nor any of his predecessors had the least idea of what was involved in the momentous declaration, so full of meaning to Hahnemann.

He was thoroughly familiar with the history of medicine, as has been abundantly shown in his writings. Hippocrates may have said that "The colic-producing hellebore will cure colic," and Rhumel may have used the form *Similia Similibus Curentur*, yet it remained for a mightier than either to realise the full force and meaning of the dictum. Hahnemann recognised the underlying truth, and then applied the now illustrious phrase to express it. Certain it is that up to this time, Hahnemann, and his predecessors as well, used the subjective form, and, as Dudgeon says, always wrote the formula *Similia Similibus Curentur*. ("The Practice of Homœopathy, as taught by Hahnemann," William Boericke, Page 8). It is known and admitted by every one that Hahnemann's knowledge of the languages, and especially of the classics, was something extraordinary, that in so important a matter he would take pains to express himself in terms absolutely correct. We quote from the fourth Leipsic edition (1829) of the "Organon," the following translated words in the introduction! "By observation, reflection and experience, I have found that, on the contrary, the true, right and best way of healing to be found is in the formula *Similia Similibus Curentur*."



This terminology is uniform with the great master, and was in keeping with all similar forms used by scientific men. If our information is correct, it was the British Journal of Homœopathy that made the change to the indicative form, which it did without authority, and, as the story goes, much to the indignation of Hahnemann himself. It is said he exclaimed: "Do they think I do not know what I wish to say?" or words to this effect.

However, that may be, the example of the British Journal was soon universally followed, and this unfortunate lead brought confusion from this time forward. For example, in Curie's "Practice of Homœopathy," London, 1838, on page 26, and again on page 33, the author uses "Curantur," yet on page 85, he tells of being strongly impressed with the law of Similia Similibus Curentur. Hempel, in his "Practice of Homœopathy," 1873, seems clearly adrift, and expresses his incertitude on p. 140, when he says "Similia Similibus Curantur or Similia Similibus Curentur as some will have it." In this "some" he could have included the master himself. Joslyn refers, in his "Practice of Homœopathy," page 137, to Curantur as a law of nature and to Curentur as a law of medicine. This is still what some believe to be the truth in the matter. It seems strange that error should so early have crept into the writings of our School, in the face of the earlier scholarship, and of the historic accuracy found in the words of the master himself, for, in the earlier translation of the "Organon" by Samuel Stratton, (first American from the British translation of the fourth German edition by John Romig, Allentown, and Philadelphia, 1836), we find he quotes from Hahnemann, using the subjunctive form Similia Similibus Curentur. We are glad to know that later scholarship returns to Hahnemann's terminology, as is shown in many publications of recent date, especially in the publication of the Homœopathic League, London, 1895. Let us, for a moment, inquire into the grammatical construction of the phrase in order that we may the better understand the master's intent in the use of it. "Curantur," as we know, is

the present indicative passive, and "Curentur" the present subjunctive passive of the verb "Curo." Now, the correct idea of the verb is not properly or classically expressed by the word "Cure." The word best expressing the idea of cure, is "Sanantur," and Hahnemann, with his full knowledge of the classics, very well understood this. The more direct meaning of the root "Curo," is to treat, to take care of. He wished to indicate a method of treating disease, a rule of practice. Hence, he used the subjunctive form of the verb and enunciated the formula now famous for all time, viz., Similia Similibus Curentur. He intimated that in the healing of the sick, this is a correct rule of practice. He did not mean to say "Likes cure likes," a bald statement of fact. The subjunctive terminology, therefore, which he himself employed must be correct, and should be adopted by all who follow his method.

I take pleasure in closing this imperfect presentation of the case by quoting from a letter received from our distinguished English colleague, Dr. R. E. Dudgeon, of London, under date of April 17th, 1898. In answer to some inquiries made by myself, Dr. Dudgeon writes: "I have no knowledge of the reason for the alteration of Hahnemann's Similia Similibus Curentur, into Curantur. The Rev. T. Everest, a great and intimate friend of Hahnemann's, used to say that Hahnemann was very much annoyed that his adherents would give the formula as 'Curantur,' and imply that it meant 'Like cures like,' when *he meant it to be a therapeutic rule, 'Let likes be treated by likes.'*"

This, too is evident from the only instance of his employment of the formula in each of the five editions of the "Organon," and in his letter to the French Minister of Instruction, which you will find in the thirty-eighth volume of the *British Journal of Homœopathy*.

Of course, "Similia Similibus Curantur" may be used in the sense of its being a statement that in the Homœopathic system "Likes are treated by likes," but it is more in accordance with the usual custom in similar matter to use the imperative mood, "Let likes be treated by likes." The whole trouble consists in

the most unclassical translation of the Latin verb "curae," which really means "to take care of" (from its root noun, curo, care), or "to treat." Had Hahnemann wished to express the underlying law of nature by his formula, he being a first class Latin scholar, would have used the phrase *Similia Similibus Sanantur*. In any permanent record of the formula, I think it would be best and most becoming to adopt the master's own words. To alter them, would show a want of respect to the founder of Homœopathy, as though we should say: "Hahnemann was an ignoramus to use 'Curentur,' but we know much better than he did, and so we alter the word 'Curantur,' to show our superior wisdom."

In the interests of historic accuracy, and correct scholarship, let us return to Hahnemann's original declaration "*Similia Similibus Curentur*."

### A BEGINNER'S CASES.

By R. H. DYKSTRA, M.D. (Amsterdam).

THE following are cases which I have been enabled to watch at the London Homœopathic Hospital, in the out-patient department, under Dr. O. Lewin. Dr. Lewin has kindly allowed me to take notes of them, and to suggest (subject to her supervision) the treatment, and I offer her my hearty thanks for the privilege.

#### CASE I.—DYSMENORRHŒA.

E. T., female, aged 17. Complains that for the last five months she has been subject to periodical attacks of pain in the left side of the abdomen. She is very nervous and easily frightened. Her eyes get readily tired after use, and especially when she is in pain. The mucous membrane of the mouth is dry, and she has severe dysmenorrhœa with some leucorrhœa. The catamenia are regular. Physical examination revealed nothing but a little epigastric tenderness. Her complaints are > open air, and when in sympathetic company, < warmth and close rooms. Dislikes fat: likes sour things. On November 1st, 1912, two doses of *Ignatia* 30 were given. On the 15th, the period set

in with more pain than usual, and greater flow, but general improvement followed, and the medicine was not repeated. There has been no more dysmenorrhœa up to date, and only two attacks of abdominal pain since November, the last on February 5th, 1913. The general health is excellent. *Ignatia* 30 was given on December 27th and *Ign.* 200 on January 24th.

#### CASE II.—ANÆMIA.

A. G., female, age 21, came complaining of a sore throat (pharyngitis) but was obviously very anæmic. Appetite poor: constipation: headache: dysmenorrhœa: systolic bruit at apex. Some indigestion. Further questioning elicited that mentally patient was forgetful, irritable, upset by mental effort, annoyed by slight noises. The headaches were throbbing, chiefly at occiput and vertex. < emotion: very sensitive to touch: some burning pain in back, < standing, < warmth of bed. The face was markedly red, although lips and conjunctivæ were pale and anæmic. On October 15th, 1912, *Sulph.* 30, 3 doses. Little change by Nov. 5th, when *Ferrum met.* 30 (2 doses) was given. After a slight aggravation, improvement began, and continued steadily till January 7th, when the patient was discharged, having lost her anæmic appearance and all her symptoms of headache and dysmenorrhœa. The *Ferrum* was not repeated after November 5th.

#### CASE III.—RHEUMATISM: HÆMORRHOIDS. HEADACHE.

D. S., female, 19, a housemaid, came to the London Homœopathic Hospital, complaining that since an attack of acute rheumatism four years before, she had been subject to "rheumatic" pains and headaches. Large hæmorrhoids were present with pain and bleeding on defæcation. Catamenia excessive with dysmenorrhœa. Patient was anæmic: systolic bruit, audible base and apex. Patient was of a mild disposition: mentally depressed: weeps easily, > company and sympathy: severe lateral headache: pressure on vertex: marked aversion to fat and rich food: drinks little: wide awake at night and sleepy

in the afternoon: < close rooms, > open air. On October 17th, two doses of *Pulsatilla* 30 were given. There was some improvement in all respects for a time, November 19th, not so well again. *Pulsatilla* 30 four doses: again some improvement. December 17th, has had a cold: leucorrhœa: *Puls.* 200, one dose. Steady improvement thenceforward up to March 25th, when patient was discharged, relieved of all her symptoms, with bruit much less marked, and hæmorrhoids disappeared: no headaches, no dysmenorrhœa.

#### CASE IV.—HEADACHE: FAINTING FITS: AMENORRHÆA.

E. B., age 16, came complaining of fainting fits occurring almost every day. Very anæmic, constant headache: amenorrhœa (three months): anorexia and inability to work. There was no cardiac lesion. Some vulvo-vaginitis was present. Acne vulgaris marked on the face. Reflexes normal. < early mornings (marked): < in doors, < menses. Sleep poor and wakes unrefreshed. Disposition mild, changeable, : weeps easily. Headaches commence round temples, but are most felt frontally, and supra-orbitally. Aversion to fat. Wide awake in evening: drowsy in the afternoon. On October 15th, 1912, *Puls.* 30, two doses. Improvement set in at once. Appetite and power of sleep returned and the appearance rapidly improved, while the intervals between the fainting fits lengthened at once to a week and after a month the "faints" disappeared altogether. Menstruation occurred November 10th, and thereafter came on regularly. Three doses of *Puls.* 30 were given on November 12th, and on February 18th, the patient was discharged, cured of all her symptoms.

#### CASE V.—SPASM OF FACIAL MUSCLES.

D. D., 15, came with a history of twitching of the face for three years, dating from an attack of chorea at twelve years. The twitching was readily noticeable. Chovstek's sign was marked, other reflexes normal and general health good, though some constipation and dysmenorrhœa were complained of. The first prescription was *Sulphur* 30, one dose and later, *Sulphur* 200, one dose but little result followed. The

case was then taken more in detail, and the following symptoms elicited. Irritable; depressed; < company: coldness on vertex: sinking feeling in epigastrium not relieved by eating; desire for acid things; flatulence; considerable bearing down sensations: < afternoon, < before thunder, > warmth of bed. With Dr. Tyler's cards the case worked out to *Sepia* and one dose of *Sepia* 200 was given. Improvement at once set in, the twitching gradually disappearing in the course of two months. Only one other dose of *Sepia* 200 was given, and the patient was discharged well, three months after first coming.

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PHOSPHORIC ACID IN NEURASTHENIA.—A chronic, general nervous debility, usually with burning pain in spine and with general apathy; weakness in morning after rising, with apathy; sour eructations after eating; pressure, pain and weight in the pit of the stomach after eating; a crushing, pressive headache in the vertex aggravated by mental exertion; aching as if the vertex had been beaten; the hair becomes grey early and falls out, the effect of mental strain; gums bleed easily; diarrhœa, thin, whitish grey, often involuntary stools after excitement; milky urine loaded with phosphates, sometimes containing sugar: scraping sensation in the periosteum of all the bones is often found in tubercular patients; seminal emissions frequent. Stomach symptoms ameliorated by warm food, every draught of air aggravates. The 30th has served me the best. I have also seen good results from Horsford's acid phosphate taken after meals.—*International Homœopathic Review*.

EUPATORIUM PURPURIMUM.—A boy fifteen years of age, had suffered for some months with diabetes insipidus. He presented all the symptoms of this disease as given in the texts. Patient passed, as near as he could estimate, about a gallon of urine a day. Two careful urinary analyses made did not show the presence of sugar. The case had been under allopathic treatment for some time, during which he had taken methylene blue and other drugs. When patient presented himself for treatment he was placed on *Eupatorium purpurium*, three drops of the tincture every three hours, and at the end of five days was considerably better. The dryness of the mouth and skin was relieved and the volume of urine decreased about one half. Two weeks of this treatment seemed to produce a complete cure, and patient now feels as well as ever.—*Medical Century*.

## THE LONDON HOMŒOPATHIC HOSPITAL.

**WANTED—Forty Benefactors of £150 each.**

### The Queen Alexandra Commemoration

of the 50th Anniversary of Her Majesty's arrival in England.

For Saxon or Dane or Norman we,  
Teuton or Celt, or whatever we be,  
We are each all Dane in our welcome to thee.

*Tennyson.*

THE Board of Management of the Hospital think that the present year calls for some special effort on the part of the Homœopathic public generally, and the supporters of this Hospital specially, to signalise the interest of Queen Alexandra in all work among the sick, and more especially young children. The Queen Mother is always showing her deep sympathy with all efforts to alleviate suffering, and anything which may tend to brighten the lives and ameliorate the conditions of the poorer British subjects is sure of her support and appreciation. As Her Majesty once remarked, "No words of mine are required to commend the claims of an institution whose object is to restore suffering children to health and to enable them to live as useful citizens."

The Board feel it would be gratifying if the present year could be marked by a celebration of self-sacrifice and personal service linked up with the great success and progress of this Institution within the period of the last fifty years. The Hospital, founded in 1849, had, when Queen Alexandra landed in 1863, fifty beds and has now developed to 163; from 156 patients admitted in the first year, to 1,393 admitted last year, with every prospect of reaching 2,000 in the present year. The small private house in Golden Square adapted for the Hospital in its first year, has grown into the large building in Great Ormond Street and Queen Square, fitted and equipped in every scientific detail for the full medical and surgical work of a Metropolitan Hospital.

The enlarged Hospital has taken a new, definite and onerous position among the General Hospitals

of the Metropolis. The munificent support of new friends among the charitable—unprecedented in its earlier years—conclusively attests the manner and spirit in which its charitable work among the sick poor is carried out. Always its Medical Staff hold in view its function and its duty as a teaching Hospital. By developing the quality of its medical work, by making it of practical value to their colleagues throughout the country, by making its Post-Graduate Teaching attractive to qualified medical men, and by many incidental ways possible only to a completely-equipped Hospital and an active and earnest Staff, they are carrying out a movement calculated to secure to the public a succession of Homœopathic Physicians and Surgeons, experienced in homœopathic principles and practice under the best auspices.

It is believed that those who have valued Homœopathy and the Hospital so far as to make this possible will recognise that no more fitting expression of celebration of the Queen Mother's fifty years among us, who has manifested such a keen interest in the care of the sick and suffering, can be found than an earnest and self-denying effort to place the now completed buildings on a thoroughly sound financial basis.

**There is Required £16,675 to Repay  
the Loan from the Bankers.**

<b>£5,675</b>	<b>To Replace Deficits 1905-11.</b>
<b>£11,000</b>	<b>For New Nurses' Home.</b>
<b>£16,675</b>	<b>Amount of Loan from Bankers.</b>
<b>£9,000</b>	<b>Less Donation of "A Lady" who desires to remain anonymous.</b>
<b>£7,675</b>	
<b>£1,000</b>	<b>Against this the Board has the Conditional Promise of the Right Hon. the Earl of Dysart, if the whole £16,675 is subscribed by December 31st, 1913.</b>
<b>£6,675</b>	<b>To be raised by December 31st, 1913.</b>



The Board trust that this year will be signalled by the contribution of the amount to wipe out these debts (debts which mean loss of annual income) incurred unavoidably in the maintenance of the current work of the Hospital, and to repay the amount expended in providing proper and necessary accommodation for the Nursing Staff.

The Board, in seeking and obtaining the consent of the Governors, Donors and Subscribers at the last Annual Meeting to meet the increased expenditure by drafts on moneys belonging, under the laws, to the Reserve Funds, voluntarily undertook to endeavour to replace the amounts so used so as to leave the Reserve Funds of the Hospital and the income resulting from them unimpaired.

This pledge they are endeavouring by the present appeal to redeem. If enabled, by the generosity of the Donors and Subscribers, to redeem their pledge, they believe they will have made an important step towards the point they desire to reach—namely, the ability, in the course of a few years, to maintain the New Hospital at its present necessary expenditure from the regular annual income.

The Board earnestly appeals to the supporters of the Hospital, and to all patients of Homœopathic Physicians to unite in this effort. In pursuance of this proposal the Board has decided, with the gracious consent of Her Majesty, to name the

### **New Children's Ward in the Sir Henry Tyler Wing**

—not yet opened for want of the necessary maintenance funds—the

### **QUEEN ALEXANDRA WARD**

and by so doing to raise a fitting commemoration in the Hospital to perpetuate our Queen Mother's devotion to the Empire, and kind, practical and sympathetic help rendered to the cause of voluntary hospitals by her prodigal output of service, time and advocacy. This may appeal to many as an ambitious scheme, but

there will be no difficulty in carrying it to a successful conclusion if every supporter of Homœopathy gives a little, and thus celebrate the fifty years and the marvellous social progress of the people, and the progress of Homœopathy which has resulted in the new and enlarged Homœopathic Hospital.

(Copy)

Marlborough House,  
April 14th, 1913.

Dear Lord Donoughmore,

Owing to the great sorrow which has recently befallen Queen Alexandra I have been unable to submit your letter of the 17th ultimo to Her Majesty at an earlier date.

I am now desired by Her Majesty to say that it will give her much pleasure to accede to your request, and to allow the Ward which it is proposed to open in the New Wing of the London Homœopathic Hospital (which she understands is intended for a Children's Ward), to be named after her.

Believe me,

Yours very truly,

HENRY STREATFIELD.

That the Appeal will be readily responded to, the Board believe from the support already given. Already some notable promises have been received from members of the Board itself—the best testimony to the good work of the Hospital and the deserving nature of the present appeal.

The Right Hon. Lord Dysart (in addition to previous munificent gifts) has promised

**the last £1,000**

on condition that the whole of the amount of

**£16,675 required be fully subscribed by  
December 31st, 1913.**

The Board, finally, express their hope and confidence that the extended Hospital of 163 Beds may be helped on its larger career by the contribution of the necessary amount.

**£6,675, to secure Lord Dysart's handsome  
promise of £1,000.**

Thus encouraged, the Board express their hope and confidence that the many friends of the Hospital will enable them to repay this debt to the Bankers and thus make up the lost ground of the past few years, and add notably to the regular income of the charity. The patients of the Hospital—both in and out—so constantly increase in number, and the arrangements for their treatment are so ample and so entirely in accordance with the requirements of modern science, that it would be regrettable if the work had to be in any way modified. It is of great importance to the progress and status of Homœopathy that the central Hospital which represents it in England and to American and Colonial visitors should be in all respects up-to-date and second to none. THE BOARD CAN APPEAL SUCCESSFULLY ONLY TO THOSE WHO ADHERE TO THE MEDICAL PRINCIPLES WHICH THIS HOSPITAL REPRESENTS, and they therefore now **appeal earnestly for timely help in Special Donations or Annual Subscriptions, and for personal advocacy of the Hospital** at this most important and hopeful point in its progress.

Donations or promises may be addressed to any of the following, or to any of the Medical Staff or any Homœopathic Physician.

DONOUGHMORE, *Treasurer.*

JOHN P. STILWELL, *Chairman.*

JAMES CLIFTON-BROWN, *Vice Chairman.*

W. H. TRAPMANN, *Vice-Treasurer,*

R. HENRYSON CAIRD, *Chairman of the House  
Committee.*

JOHN G. BLACKLEY, *Senior Physician.*

GILES F. GOLDSBROUGH, *Chairman of the Medical  
Committee.*

CHARLES E. WHEELER, *Medical Member of the  
Board of Management.*

EDWARD A. ATTWOOD, *Secretary.*

*April, 1913.*

**NOTE.**

There may be a number of Friends of the Hospital who are entirely in sympathy with our Appeal, but who cannot put down a considerable sum at once, but who would be willing to give a larger sum if payment was extended over a few years. For their convenience promises may, if preferred, be payable in three yearly instalments during 1913, 1914, 1915.

∴ Cheques and money orders should be crossed The Union of London and Smiths Bank, and be made payable to the London Homœopathic Hospital.

*A Contributor to this Appeal Fund of not less than £1,000 in one sum will have the privilege of naming a bed in perpetuity in the Hospital, and of nominating patients to occupy it, subject to the laws of the Hospital.*

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HOSPITALS AND INSTITUTIONS.

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SOUTHPORT.

THE report of this Hospital for this year makes the most pleasant reading. In the course of the last twelve months the whole of the capital debt on the building has been cleared off. This has meant raising some £3,000. A few generous friends have helped with large donations, and Mrs. Kissel, the never failing friend of the Institution, has added to her other benefactions, the gift of the freehold of the land on which the Hospital stands: but a very large sum has also been raised in small amounts and it is impossible to exaggerate the honour due to Mr. and Mrs. Van Stralendorff for their energy, devotion and persistence, and to Southport Homœopathy for the gallant way in which it has responded. The history of the last year is an example to all of us, and we offer our most hearty and respectful congratulations. The next task is to bring the annual income up to a larger figure, but it is impossible to believe that those who have faced the greater task, will quail before the lesser. At the same time, some of our readers may like to show their appreciation of devotion to our cause, by becoming subscribers. We can think of no better way.

## PHILLIPS MEMORIAL HOSPITAL, BROMLEY.

Bromley has had a year of good work with 2,160 out-patients attendances, 749 home visits, 128 in-patients, 41 operations. The income has increased, largely as a result of the special appeal of last autumn, but more money is still needed. The Bromley Hospital is a model institution, and many as are the calls on homœopathic resources, Bromley has a great claim for pre-eminent position among them.

## MANCHESTER.

THE Report of the Homœopathic Dispensary of Manchester has a pleasant feature in the steady growth of patients' fees, which have increased by over £70, testifying to the growing esteem of the Institution. More subscribers and donors are needed, and when we say that the Dispensary attendances numbered 18,495, and home visits 1,635, and that the deaths for the year number fourteen, surely the Institution needs no further recommendation as one worthy of support. The addition to the Report of a short statement on the nature and results of Homœopathy is a valuable feature.

KALI PHOSPHORICUM.—For a patient who has constantly a sub-normal temperature, *Kali phosphoricum* may be the remedy. This symptom was brought out in the provings of the drug. If the individual also complains of lassitude and a general apathetic condition, the remedy is all the more indicated. This statement concerning a sub-normal temperature does not apply to persons to whom such a condition is the normal or physiological one.

A. E. Hinsdale.

VACCINES.—The worse and more chronic the clinical condition, the smaller and less frequent the dose must be to obtain the best results, especially in cases of old gonorrhœa where the autogenous vaccine was used. Many times these same cases had been treated by the vaccine treatment and almost every other method. For instance, I have almost completely cured a case of prostatic abscess which had broken through into the rectum, until at the present time there are no shreds or pus in the urine.

Dr. Ralph Mellon.

## SOCIETY'S MEETING.

### BRITISH HOMŒOPATHIC SOCIETY.

THE seventh meeting of the Society was held at the London Homœopathic Hospital on April 3rd, Dr. Wynne Thomas, Vice-President, being in the chair. After the usual routine business, specimens were shown by Dr. Burford, Mr. Eadie and Dr. Hare.

Dr. Fergie Woods then read a paper entitled "Homœopathy and Asthma." He began by asserting that asthma was a disease that lent itself well to homœopathic prescribing, but demanded general constitutional treatment. He discussed the possible partial homœopathicity of the drugs more ordinarily used by orthodox physicians, *Potassium Iodide*, *Arsenic* and *Nitrate of Potash*. In choosing the remedy he had found the time modality of great value. He ended by quoting a number of cases in detail.

Dr. Hare followed, and spoke briefly on the theories as to causation and pathology of Asthma. Dr. Wynne Thomas criticized the theories. Dr. Byres Moir spoke specially of vaccine treatment. Dr. E. A. Neatby, Dr. Blackley, Dr. Sandberg, Dr. Miller Neatby, Dr. Day, Dr. Weir, Dr. Tyler, Dr. Green, Dr. G. Hey and Mr. Knox Shaw also joined in the discussion, and Dr. Woods replied.

The Dinner Club met as usual at the Holborn Restaurant, and the draw for the Golf Tournament took place after dinner. The results of this will be found elsewhere in this issue.

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## NOTIFICATION.

\*\*\* Under this heading we shall be happy to insert notices of appointments, changes of address, etc., and holiday arrangements.

DR. T. E. PURDOM, DR. H. V. MUNSTER, and DR. W. P. PURDOM have entered into an agreement, and are practising now together as partners. Their addresses are *Dr. T. E. Purdom*, 25, *Park Hill Road*, *Croydon*; *Dr. H. V. Munster*, 109, *St. James Road*, *Croydon*; and *Dr. W. P. Purdom*, *Sobraon*, *Brighton Road*, *Sutton*.

# BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED).

RECEIPTS FROM MARCH 16TH TO APRIL 15TH,  
1913.

## GENERAL FUND.

<i>Subscriptions.</i>						£	s.	d.
D. Wynter, Esq.	..	..	..	..	..	1	1	0
Mrs. Worsell	..	..	..	..	..	1	0	0
Dr. C. Granville Hey	..	..	..	..	..	1	1	0
John G. Ronald, Esq.	..	..	..	..	..	5	5	0
E. L. Vinden, Esq.	..	..	..	..	..	1	1	0
Cedric R. Boulton, Esq.	..	..	..	..	..	2	2	0
Lady Durning Lawrence	..	..	..	..	..	1	1	0
Dr. Ord	..	..	..	..	..	1	1	0
Dr. Leo Rowse	..	..	..	..	..	1	1	0
Dr. E. P. Hoyle	..	..	..	..	..	1	1	0
<i>Donations.</i>								
Dr. Burwood	..	..	..	..	..	2	2	0
„ (collecting cards)	..	..	..	..	..	3	3	0

## NATIONAL HOMŒOPATHIC FUND.

<i>Subscriptions.</i>						£	s.	d.
Miss Agnes Skelton	..	..	..	..	..	2	2	0
Mrs. Oliver	..	..	..	..	..	3	3	0
Mrs. H. E. Roberts	..	..	..	..	..	1	1	0
Mrs. German	..	..	..	..	..	1	1	0
Frank Sellars, Esq.	..	..	..	..	..	1	1	0
Miss Maude Hook	..	..	..	..	..	1	1	0
Percy Harrison, Esq.	..	..	..	..	..	1	1	0
J. C. Weston, Esq.	..	..	..	..	..	1	1	0
J. Grover, Esq.	..	..	..	..	..	5	5	0
Lady Ida Low	..	..	..	..	..	1	0	0
Mrs. Eugene White	..	..	..	..	..	1	1	0
Mrs. J. Rossiter Hoyle	..	..	..	..	..	1	1	0
Miss Kate Simpson	..	..	..	..	..	1	1	0
Alfred Powell, Esq.	..	..	..	..	..	1	1	0

The Quarterly Meeting of the Council was held at Chalmers House on Tuesday, April 8th, when a large attendance was present to consider the draft of the Annual Report.

The usual Monthly Meeting of the Executive Committee was held at Chalmers House on Tuesday, April 17th.

The Beit Research Fund Committee has held

meetings on February 25th and March 26th. Two grants have been sanctioned, and the Researches put in hand.

As we go to Press, the Association is preparing for its Annual General Meeting, to be held on April 30th, and we hope to give some account of this in our June number.

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## EXTRACT.

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### AN EXPERIENCE WITH LACHESIS.

By JOSEPH RIEGER, M.D., Dunkirk, New York.

IN April, 1910, I had an experience with *Lachesis* with results that resembled a proving.

A young lady came to my office with her mother who said, "I can't stand Florence's cough no longer. She has had a cough for nine months, and it is getting worse every day." The cough had come on without the usual symptoms of cold or *la grippe*. The patient complained of a dry, short, hacking cough, locating the difficulty in the upper part of the larynx, or lower part of the pharynx, well towards the back of the throat. Possibly suggested by my leading question, she said it seemed as if there was smoke or gas in her throat and that she would strangle if she didn't cough. Using this last symptom as a key-note, gas or smoke in the throat, and having had a previous good result with *Bromine* in a somewhat similar cough that had persisted for over two years under all sorts of treatment, cough syrups and remedies, local treatments by specialists and change of climate, I gave this patient 4x of *Bromine* on pellets, but with no results whatever. I told the patient that any good result from the remedy would show itself quickly, and that there was no use taking the remedy for a week. She returned in two days and reported no progress whatever. Several other remedies were given in succession without benefit. I went over her case again very carefully, adding other symptoms, and describing her sensations very minutely. There was no



fever or inflammation, and very little redness in the throat.

*Extracts from Notes.*—"It tickles way back in my throat, and my cough is worse at night, but all day I keep a constant hacking. I try to hold my breath and stop the cough, but when I do that, my throat just fills up or shuts up, and if I don't cough, I feel I will strangle the next moment." The symptoms suggested *Lachesis*. My early experience with the remedy had been very disappointing, my patients deriving little or no benefit. I had given up the use of it for years. Instead of distrusting the remedy I should have distrusted my pharmacist. When the new preparation was put upon the market by B. & R. of New York, I decided to give it another trial, and secured some. It had been on my shelf for two years, untried, but this patient's symptoms pointed to *Lachesis* and I plucked up courage to give it one more trial. I consulted my Clarke's Prescriber to confirm the prescription. She received a five grain powder of *Lachesis* with directions to dissolve the powder in four ounces of water and to take one teaspoonful every hour until going to bed. This was at 8 p.m. Now note the result. At nine the next morning, she 'phoned me that the cough was all gone, shall she continue the remedy? To which I replied yes, but do not use it so often. I knew this was against the rule, but I wanted to make sure and spike the cure down, as it were. She evidently wanted the same result, for she continued the remedy during the day and also the next day. That night she was out to a party, when suddenly, as she described it afterwards, she felt a sharp biting or stinging pain back of her left elbow. Shortly after this, it felt as if something bit or nipped the first knuckle on her right hand so that she made a grab at it. Then the knuckle began to swell. All of the knuckles were attacked in like manner in succession. "The itching became perfectly terrible." First the knuckles became red, then turned white or pale, and later when the spots disappeared in the course of a week, they left black and blue marks. Then her left foot was attacked, and lastly her right foot and back of the knees. Little lumps or nodules were expecially

present back of the knees, and accompanied by severe itching. She said it felt as if flames of heat were going up the arm and lower extremities. The hands swelled and there seemed to be a gnawing pain deep in the joints. The pain would let up for a short time when it would take a fresh hold. For a time the hands were swollen and the joints were stiff. There were itching and redness of the skin of the left elbow. She said it seemed as if something suddenly grabbed the joint and that she must rub or twist to make it let go. It affected the top of the left foot and ankle, and then the right.

Her mother asked if I thought it possible that the medicine she had taken was making the disturbance. The patient said, "No, that little sweet water could not do it, there was no taste to it." It did not seem possible that the 8x trituration dissolved in water could do it—one part to one hundred millions. She may have got a large portion it is true. I gave her *Arsenicum* as an antidote. The pain and stiffness were three months wearing away, and even to this day, she thinks she still feels the effects of the drug, and has, at times peculiar numb feelings in the joints. The toes were affected the same as the hands. About ten months after the first relief from the cough she had a mild recurrence, and received one dose only with prompt relief, and no recurrence to date.

The patient did not know what remedy she had taken, and did not know for some time thereafter, it cannot be attributed to her imagination. My custom is not to tell my patients what remedy they are taking.

There is one feature of the case to which I wish to call particular attention, and that is that the patient described the first pain and some of the others later as if something had bitten or nipped her.

Explain it if you can, for she certainly did not have the faintest suspicion what she was taking.

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HYDROCHLORIC ACID.—This remedy given in material doses has relieved to a great extent the gastric crises which occur in pernicious anæmia. One case was greatly benefited by this treatment.—*W. B. Hinsdale.*

## REVIEWS.

## "A BIOCHEMIC PRIMER." \*

OUR colleague, Dr. Fallon, practises in South Africa, where the teaching and practice of Schüssler have obtained a firm hold. His attention being thus directed to it, Dr. Fallon has made himself acquainted with this daughter of Homœopathy, and like most men who have tried Biochemistry has a high opinion of the success of the practice. This book is a primer in the method, designed to help those for whom a doctor may not easily be available, and seems to us admirably adapted to its purpose. The twelve remedies are briefly described and their application to diseases indicated by means of a therapeutic index. Not only in Africa, but anywhere, English speaking physicians wanting to gain an insight into the practice of Biochemistry, can be referred to this book. It is a practical handbook, and deals little with theories.

## A PAMPHLET BY MR. GALSWORTHY.†

This pamphlet is one of a series published in the hope of rousing feelings of compassion and consideration in men and women towards animals and their sufferings at the hands of society. Mr. Galsworthy is well known as a humanitarian, and in the detached ironic way in which he prefers to deal, he indicates without exaggeration the thoughtlessness and carelessness which lead to so much unintentional cruelty on the part of men and women not naturally hard-hearted, or even indifferent. Mr. Galsworthy's method is to draw a clear (and terribly convincing) picture of things done in the name of sport or in sheer thoughtlessness, with little personal comment, leaving the reader little choice between blustering it off and calling Mr. Galsworthy a sentimentalist, or searching his heart

\* *A Biochemic Primer*, by R. Fallon, M.D., 1s. Hom. Pub. Co. 12, Warwick Lane.

† *For Love of Beasts*, by John Galsworthy. Reprinted by permission from the *Pall Mall Gazette*. Published Animals' Friend Society, York House, Kingsway. Post free, 2d.

and conscience and resolving that for him (or her), at least, some of these things shall cease to be. In the hope that many readers may be stirred to the latter course, we heartily recommend the pamphlet.

#### A CLINICAL GUIDE.\*

Dr. Laidlaw is well-known to us in England as one of the first physicians of New York. He has here compiled one of the most useful small books which it has been our good fortune to meet. In a small compass (a little inconvenient though, we think, in shape), is found not only every method of clinical examination of importance for blood films, examinations of urine, gastric contents, fæces, sputum, etc., but also full details of Widal and Wassermann and less known reactions, formulæ for microscopic stains, paragraphs on tuberculin, and diagnostic punctures and most valuable descriptions of special methods of auscultation and percussion. There is even a good list of suggestions for stocking the laboratory. In fact, as a labour-saving volume, Dr. Laidlaw's book deserves the highest praise.

#### CORRESPONDENCE.

THE CHILDREN'S HOMŒOPATHIC DISPENSARY  
[TO THE EDITOR OF THE "HOMŒOPATHIC WORLD."]

DEAR SIR,—In your remarks in the April issue, I fear you scarcely realize the object that is contemplated. My attention has been drawn to what the lady doctors have recently accomplished, and I have before me the first annual report of the *Women's Hospital for Children*.

This of course, is an allopathic institution, and is situated at 688, Harrow Road, which can scarcely be considered central or easy of access from all parts, as there is no railway near and trams and omnibuses which pass the house are the only means by which patients living at a distance can reach the Hospital. It, therefore, serves the locality only, or principally.

\* *Clinical Guide*, by G. F. [Laidlaw, M.D., New York. Boericke and Runyon. London: Homœopathic Pub. Co., 12, Warwick Lane, E.C., 7s. 6d. net.

The Staff (all women) consists of a Physician and Assistant Physician, a Surgeon and Assistant Surgeon. There is an Ophthalmic Department and a Skin Department, besides an Anæsthetist and Clinical Assistant, and a consulting Staff.

The hospital was opened February 1st, 1912, and during the year, 2,574 cases were dealt with.

You observe the institution is called a *Hospital*, although as yet there are no beds, it being entirely concerned with out-patients.

After one year's existence an appeal is made for funds to open a ward for in-patients.

Altogether the institution appears to be very vigorous, and we may congratulate the lady doctors on the success they have already achieved.

Now this is precisely the kind of work *we* are hoping to do for the children, and when we consider that they will have the benefits of Homœopathy, its success is a foregone conclusion. Our idea is to establish a Central Metropolitan *Children's Homœopathic Dispensary*, or Hospital (as the lady doctors call theirs) which will have its special departments and be conducted like any other Metropolitan charitable Hospitals.

Such an institution could not grow out of one of the already existing Dispensaries as you suggest. These Homœopathic Dispensaries which are doing excellent work, are in all cases staffed by doctors in general practice, and are provided for a class of *their private patients*, who pay on a reduced scale. They are local, often carried on at the doctor's house, or at a Chemist's, nor do we know one which would be central enough for the purpose.

Moreover the *constitution* of these Dispensaries is totally different from, say that of our London Homœopathic Hospital, and the officers in charge in all cases draw a salary, and would not welcome such a change, even if possible.

Suitable premises are now being sought for and when these are found the work will be commenced.

Yours faithfully,

J. ROBERSON DAY.

## OBITUARY.

DR. EDWARD MAHONY.

By DR. D. RIDPATH.

It is with deep regret that we record that Dr. Edward Mahony, of Liverpool, died suddenly on 17th April, 1913, at the age of seventy-three.

About three weeks since, he had a slight attack of aphasia, which soon passed off, and he had apparently recovered. On Thursday, 17th April, in the morning, after having dressed, he had an attack of vertigo, became quickly unconscious, and died in a short time, before medical aid arrived.

He belonged to that section of homœopaths which knows Hahnemann's teachings through and through; and he practised according to the dictates and philosophy of that great genius.

He continually endeavoured to put the great ideals of practice laid down in the "Organon" into his own work, and he also never tired of expounding those ideals in the journals both of this country and of America, and when occasion demanded, he took the opportunity of addressing learned societies on the subject which was so near to his heart. Like some other members of the homœopathic profession, he "had his eyes opened through Skinner, to the real profound character of homœopathic philosophy," as he expressed it in a recent letter to the writer.

His frequent contributions to the "HOMŒOPATHIC WORLD" always disclosed his learning and profound knowledge of "Chronic Diseases," "Organon," and *Mat. Med. pura*, and were a delight to readers and always bore out the great Hahnemannian teachings in a way which deserved to strike home.

It was in 1873 that Skinner directed Dr. Mahony to what (Dr. Skinner) considered was the true Homœopathy. Dr. Mahony says in a letter to the writer, dated March 13th, 1913, that since his eyes were opened in 1873 by Skinner, he "still holds the same views with increasing conviction."

This "opening of the eyes" appears to be a necessary

beginning, because several men whom I have known have used the same phrase in connection with the same subject.

Dr. Edward Mahony was on the Medical Staff of the Liverpool Hahnemann Hospital at one time. He was educated at University College, London; qualified in 1863 as M.R.C.S. (Eng.) and L.S.A. (London), and was in active practice to the last.

A star has gone out in the firmament of homœopathic genuises, and we can ill afford to lose any of them. He stood for the highest and best and truest.

He was a seer. His eyes were opened, for he saw the great scientific and artistic meaning of the "Organon." He saw its great possibilities and the capability of development in medicine.

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#### MR. PRASSANA KUMAR MITTER.

WE regret to learn of the death from cholera of this gentleman, an accountant at Midnapore, India, who, having become interested in Homœopathy, financed a charitable Homœopathic Dispensary in his city, as many as two hundred patients have been seen there in a day, and it is to be hoped that his death will stimulate the generosity of some successor so that the good work many continue.

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#### VARIETIES.

THE DEATHS OF THE KINGS OF ENGLAND.—The deaths of kings have always held a foremost place of interest in the minds of men, so much so that, to speak paradoxically, tradition tells us that more than one king's death is really a resting life. Arthur of Britain sleeps in the isle of Avilon, Charlemagne slumbers until the times of Antichrist be fulfilled, Barbarossa with six of his knights rests in the Kyffhauserberg until Germany shall have need of his aid, as, in like manner, with reference to their own kingdoms, do Ogier the Dane and Olaf Tryggvason of Norway, while even so modern a sovereign as Napoleon Buonaparte is believed to be awaiting his country's call. The life of a monarch has at no date been an easy life; in earlier times he was a mark for the assassin and the enemy, and in all ages a really conscientious ruler is weighed down by the burden of responsibility. In England eight

sovereigns since the Conquest have been done to death or slain in battle. In Scotland and Ireland we make no attempt to summarise the bloody tale. It is small wonder that Shakespeare made Richard II., as if in premonition of his own miserable death, "tell sad stories of the deaths of kings." But the study of diseases from which kings have died, if carefully conducted, is capable of throwing light upon the medicine of history, and so by direct conversion upon the history of medicine. The latest work on the subject is a monograph by Dr. James Rae entitled "The Deaths of the Kings of England." Dr. Rae in his preface refers to previous writers on the matter, who are very few in number. Sir Henry Halford gave a lecture in 1819 on Deaths of Eminent Persons, Dr. Raymond Crawford in 1909 published an interesting monograph on the death of Charles II., and a series of articles appeared in the *British Medical Journal*, 1910-11, under the heading Some Royal Death Beds. Dr. Rae takes the sovereigns of England from William I. to William IV. and has carefully collated the authorities who have given accounts of the deaths of the various monarchs. On the information thus collected he founds his diagnoses. He himself admits that some of his diagnoses "may be considered fanciful," and herein we agree with him, but all the same his theories are of interest, and in one case only does he seem to us to attribute death to a cause which lacks plausible arguments in its favour—namely, the case of Henry II., whose "fever" he considers to have been a dysenteric affection. One daring diagnosis is of interest in these days of hunger strikes—that Richard II. died from anorexia nervosa. The chronicle says, "*semetipsum inedia soluit peremisse*," and also that when on the advice of his friends he gave way and tried to eat, "all appetite was gone and the opening of his stomach had closed up so that he died." This account, says Dr. Rae, is quite consistent with a diagnosis of anorexia nervosa. Richard may well have become unbalanced mentally; he was but a child when he came to the throne, and the political state of the kingdom was enough to try the strongest brain and will. Everyone will not agree with all Dr. Rae's diagnoses, but we can thank him for an entertaining book, the value of which is increased by the excellent bibliography.—*Lancet*.

DR. WILLIAM BEAUMONT.—A little more than one hundred years ago—namely, on June 9th, 1812—a licence was granted to William Beaumont, by the Third Medical Society, of the State of Vermont, to practise physic and surgery, and ten years later occurred that tide in his affairs which, taken at the flood, led him to fame, if not to fortune, for it was then that he came into contact with Alexis St. Martin, and began to conduct the physiological research which practically laid the foundations of our knowledge of the physiology of digestion. Although several cases of gastric fistula had been reported before Beaumont's day, yet in none of these, except one, do we find that any experiments upon digestion were made. The earliest deliberate experi-



ment upon digestion which we can call to mind was made by the Emperor Frederic II., *circa* 1240, who, as recorded in Salimbene's Chronicle, fed two men at dinner. One of these was then sent to sleep and the other to hunt. In the evening the two men were disembowelled, as the Emperor wished to know which of the two had digested the better, and the physicians gave a verdict in favour of him who had slept. Another and even worse instance is on record of some sixteenth century Calvinists in the Low Countries. Having seized an aged Catholic priest they roasted his legs before a fire and, cutting off the cooked portions, made him eat them. Then, wishing to see how digestion progressed, they cut open his stomach, so that he died. Such experiments, however, can scarcely be called scientific, and it is Beaumont's glory that with very imperfect apparatus, and under most adverse circumstances, he was able to make such sound observations as he did, and to keep such admirable records thereof. An interesting study of Beaumont's life has been recently published by Dr. Jesse S. Myer, of St. Louis. From this we learn that William Beaumont was born on November 21st, 1785, being the third son of Samuel Beaumont, a farmer, of Lebanon, Connecticut. He attended the village school and worked on his father's farm until he was twenty-one, when he left home to seek his fortune. In the spring of 1807 he arrived at Champlain in the State of New York, close to the Canadian frontier, and after finding employment as a schoolmaster, determined to study medicine. With this object in 1810 he went to St. Albans, Vermont, where he bound himself apprentice to Dr. Benjamin Chandler, who seems to have been a most admirable teacher. Beaumont's case-books kept by him during this period show that he soon began to be an excellent observer. In June, 1812, he received his licence to practise, and on the declaration of war with Great Britain he applied for and obtained a post as surgeon's mate in the army, his commission being dated December 2nd. In March, 1813, his regiment was sent to Sackett's Harbour on Lake Ontario, and on his arrival there he wrote to Dr. Chandler giving sundry military details varied with medical matters, such as: "The old Brunonian practice, a little varied and changed into the Chandlerian, succeeds almost to a miracle." He adds with a laconic brevity which would have endeared him to the heart of "brave Broke" of Shannon fame: "Yesterday we shot a soldier of marine corps for desertion; we could not obtain the privilege of dissecting him. Next Thursday, another is to be shot." Beaumont was present at the battle of Little York, April 27th, 1813, at which he noted with disapproval the "inhuman project" of the British in blowing up their magazine, and at the battle of Plattsburgh, August, 1814. In June, 1815, peace having been concluded, he resigned from the service and started in private practice in Plattsburgh, combining professional work with the keeping of a store for "drugs, medicines, groceries, dye woods, etc.," the etc. including such articles as "segars, gin, snuff, plug and paper tobacco."

In March, 1820, he re-entered the army, and was sent to Fort Mackinac on Lake Huron. In 1821, he married Mrs. Deborah Platt, and in 1822 he came to the turning point of his professional life. On June 6th of that year a number of Canadian voyageurs were in the store of the American Fur Company at Mackinac, and by the accidental discharge of a shot gun Alexis St. Martin was wounded in the abdomen. The gun was so close that St. Martin's clothes were set on fire, and the charge, duck shot, was practically solid. The wound was on the left side, and opened both the thoracic and the abdominal cavities. Sundry ribs were fractured, one of which tore away a portion of the wall of the stomach, and a large part of the left lung came out of the wound. In addition, the tissues were full of shot, bits of cloth, and fragments of bone and cartilage. Beaumont's description of the wound and his treatment is very full and extraordinarily interesting. A good deal of the lung sloughed, but the patient's recovery, though slow, was uninterrupted. It was then that Beaumont began that masterly series of experiments which were continued at intervals for some eleven years. The results of these investigations were published by F. P. Allen, Plattsburgh, in 1833, the title of the book being "Experiments and Observations of the Gastric Juice and Physiology of Digestion." From his Government Beaumont received the consideration which Governments commonly show towards scientific investigators, that is to say, indifference. In 1840 he retired from the army, and took a country place near St. Louis. He died on April 25th, 1853. The medical profession owes a debt of gratitude to Dr. Myer for his careful and sympathetic study of one of the pioneers in medical physiology.—*Lancet*.

**TREATMENT OF BURNS BY THE APPLICATION OF ALCOHOL.**—In the *Australian Medical Journal* of January 4th, Dr. E. T. C. Milligan has described a method of treating burns which he has found more satisfactory than the current methods. In burns of the second, third and fourth degree cleansing with antiseptic lotions is usually recommended. The moisture causes the sloughs to become septic—in other words, converts dry into moist gangrene. Frequent and painful dressings are then necessary. Dr. Milligan excludes water from the treatment and applies alcohol. He thus prevents moist gangrene and inflammation, and saves much suffering. A child, instead of spending several months in hospital, can soon have the burn grafted and run about. The details of the method are as follows. If the patient is in such a state of shock that he cannot stand an anæsthetic, a watery saturated solution of picric acid is applied on lint and protective is put over this to prevent evaporation. On the next day the protective is lifted and more of the solution is poured over the lint, which is not changed. On the third day the patient is either obviously going to die or can stand an anæsthetic. If the picric acid be continued any longer the burn will become offensive. Dr. Milligan has not found the picric acid treatment

of burns satisfactory, and simply uses it in the absence of anything better for a patient in condition of shock. Moreover, the acid is absorbed and may cause toxic symptoms. If the patient is in a condition to allow the administration of an anæsthetic he is given chloroform and the burns are cleansed with sterile gauze wrung out of seventy per cent. alcohol. The whole surface of the burn and the surrounding skin is rubbed vigorously. Blisters are rubbed off with all dead tissue. No blister is pricked, nor is the dead skin allowed to remain to keep fluid pent up only to be infected by the organisms of the skin. Dead tissue is more effectively and easily rubbed off than removed with scissors and forceps. After thorough cleansing a dressing of sterile gauze wrung out of the alcohol is applied. Over this dry gauze and wool are applied, and then a bandage. Under chloroform the same process is repeated daily. Every other day will not do, for the burns begin to be septic and offensive. The parts are rubbed, not wiped, with the gauze wrung out of alcohol. On beginning to remove the dressing it will be found stuck to the surface. By pulling up on it bits of dead tissue are satisfactorily removed. The dressings are continued for about eight days, when burns which have not destroyed the whole thickness of the skin will be found in such a clean state that boroglyceride gauze or gutta-percha tissue can be applied as a dressing without any pain. It is striking how rapidly the burns now heal under the boroglyceride. If they become infected again one cleansing with alcohol followed by one alcohol dressing will render them again aseptic. Burns which involve the whole thickness of the skin take longer on account of the sloughs. Under the alcohol treatment these become black, dry, and shrivelled up, and can be torn off or dissected off with a sharp scalpel and forceps. Valuable time will be lost if the surgeon waits for the sloughs to separate. The best results follow the cutting off of the sloughs, for they are not sodden and the surface is aseptic. A scalpel must be used, for it leaves a clean cut with no track of dead and injured cells as a scissors does. Dr. Milligan has employed this treatment during five months for a great number of burns in the Children's Hospital, Melbourne. One case of extensive and deep burns was fatal. Two large duodenal ulcers were found at the necropsy, but at the time of the death (twelfth day) the burns were in an aseptic state with all the sloughs removed. In all the other cases healing was most satisfactory. They included burns and scalds of almost all parts of the body, some deep, some on the face, and some on the buttocks, where cleanliness is difficult to maintain in young children. The daily use of chloroform did not prove in any way injurious. There was never any vomiting to interfere with the taking of food, so necessary for a burnt child. Anæsthesia must be employed, otherwise the application of alcohol would be too painful. When the children recover from the anæsthetic they feel no pain and are quite happy.—*Lancet*.

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# THE HOMŒOPATHIC WORLD.

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JUNE 1, 1913.

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## ORGANIZATION.

THIS number of the WORLD contains an account of the doings of the International Council and of the Annual Meeting of the British Homœopathic Association. Both contain good testimony to the value of work done through organization, and both should stimulate homœopaths everywhere to further efforts. So much has been done and yet all is a mere fraction of the work that could be done if we could grasp the fact that small isolated efforts which are futile, become fruitful and powerful as soon as they are co-ordinated and brought to bear upon one point. What thousands of sympathizers of Homœopathy there are in our land, and because most of them need to measure their gifts in shillings, they give nothing to our cause, thinking that a shilling can be of no value. But if we have a thousand shillings we have £50, and much can be done with that. Cannot all the believers in Homœopathy preach (and practise) the doctrine that many small sums make a large sum, and endeavour to make strong the hands of organized Homœopathy by supplying the sinews of war. We have a great cause, the stars in their courses are fighting for us, the *Zeitgeist* is working for us ; we have an opportunity that should make glad the hearts of the enthusiastic and eager. Give us, then, sympathy and help, and give us help in time and in

money—no matter how little it seems ; give it, and strive for more, and when the day dawns and our cause is established, we shall look back on the years of striving and say—" Out of the eager efforts, and the devoted love of the few and the weak came the strength to make plain the truth, and where the generosity of the rich made a pathway, the gifts of the poor have built a road."

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GASTRIC AND DUODENAL ULCERS.—W. E. Deeks believes that the following chain of conditions leads up to gastric and duodenal ulcers. A sugar starch diet, to the exclusion of fruits and vegetables, ferments and forms irritating diffusible organic acids which stimulate the gastric glands and give rise to hyperacidity. On the other hand, the same diet tends to a lessening of peristaltic action, and constipation, which are followed by anæmia with lowered cell resistance. The combination of hyperacidity with lowered cell resistance in an anæmic mucous membrane is sufficient to bring about a loss of continuity in the mucous membrane with the attendant bacterial invasion. Mechanical irritants of any sort may assist to the same end. With this theory as to the etiology of gastric and duodenal ulcers the author has devised the following plan of treatment : In severe cases with hæmorrhage, he advises absolute rest in bed and a liquid diet for two or three days until the vomiting ceases and there is no more hæmorrhage either into the stomach or duodenum. The liquids should consist of orange juice without sugar, milk, and broth. Then gradually one should add eggs, meat balls underdone, fresh fruits and green vegetables cooked, particularly those of the softer kind, like squash. After six to ten days every variety of meat, fish, green vegetables, and cooked and uncooked fruit can be given. Care must be taken to exclude in every form sugar, potatoes, bread, toast, cakes, and pastry. The only medication given is dilute *nitric acid* before meals from the onset of the attack. It is given with the object of destroying the bacteria of starch and sugar fermentation in doses of from fifteen to twenty drops of the dilute preparation in half a tumbler of water.—*New York Medical Journal*.

## NEWS AND NOTES.

### THE TREATMENT OF ADENOIDS.

WE are so accustomed to think of operation as the only orthodox treatment for adenoids, that it is refreshing to have the faith that many homœopathists hold in the efficacy of drugs in this condition, reinforced in the *Medical Review* by high French orthodox authority. Drs. Lapeyre, Roos, and Lucas-Champanniere recommend *Iodine* and *Potassium Iodide*, given perseveringly in small doses. The homœopathicity of these drugs in many cases of the disease make clear enough the reason of their success.

### SIR W. T. GAIRDNER AND *COCCUS CACTI*.

IN an eloquent tribute to this great physician, Dr. Wallace Anderson quotes an instance of what he terms "his frank avowal of his own limited knowledge." The passage is as follows:—

"There can be no doubt that this artlessness of his led sometimes to situations that were decidedly amusing, as when he told the parents, anxiously waiting for his line of treatment in a case of severe whooping-cough, that he did not know of any drug that materially lessened the severity of the paroxysms of coughing, but that in his own family an old doctor had once tried cochineal with, he thought, some benefit."

This becomes very interesting to homœopathists, when we remember that Cochineal (*Coccus Cacti*) is homœopathic to many cases of whooping cough, and used therein with much success by followers of Hahnemann.

### THE DIAGNOSIS OF PREGNANCY.

DR. H. WILLIAMSON, lecturing on the Albuminuria of Pregnancy, states that Professor Abderhalden has demonstrated the presence in the blood during pregnancy of ferments capable of splitting up placental albumins and peptones. From this fact a blood test for pregnancy can be devised, which seems absolutely trustworthy. It is as follows:—



“One gramme of placental albumin and 3 to 5 c.c. of the serum to be tested are placed in a small dialyser; the dialyser must previously have been tested to make certain that it does not transmit albumin and does transmit peptone; if it fails at either of these tests it is rejected. The dialyser with its contents is then suspended in 20 c.c. of distilled water and placed in an incubator at 37° C. for sixteen to twenty-four hours. At the expiration of this period the distilled water is tested for the presence of peptone by the biuret test, or preferably by using tri-keto-hydrinden-hydrate. The placental albumin is invariably converted into peptone by the serum of pregnant women; it is never so converted by the serum of the non-gravid.

#### THE PROPOSED CHILDREN'S DISPENSARY.

WE are asked to announce that Lady Perks has kindly consented to lend her Drawing-room for a preliminary meeting for the consideration of plans for the proposed Children's Dispensary. The meeting will take place on Wednesday, June 25th, and Sir George Truscott, Bart., will be in the chair. Those desiring to attend (and all sympathizers will be welcome) should communicate with Dr. R. Day, 31, Devonshire Place, W.

CARDUUS MARIANUS IN INFLUENZA.—This remedy is indicated in those cases of influenza in which the liver is affected. The left lobes of the gland are very sensitive to pressure, the stools are of a bright yellow colour, the urine is a dark brown; there are occasional stitches in the side, and great oppression in the chest. There are also great debility and fever present, besides much prostration. A headache of a frontal nature worries the patient, and the complexion is of a most peculiar brownish-grey dirty hue, and at times of a jaundiced colour. From 2 to 3 minims of the 1x dilution, administered every three or four hours, usually promptly cures, even after other prominent hepatic remedies have failed. *Carduus Mar.* has for it analogues *Podophyllum peltatum*, *Chionanthus Virginica*, *Leptandra Virginica*, *Bryonia alba*, *Nux vomica* and *Chelidonium majus*—all proved hepatic remedies. It is an important remedy in cases where there is pain in the liver, accompanied with œdema of the feet, urine, of a bright yellow colour and scanty, and occasional attacks of asthma. In fact, “asthmatic” respiration is a prominent symptom of the drug. In swelling of the gall-bladder, accompanied with a painful tenderness, it is one of our first remedies.

## ORIGINAL COMMUNICATIONS.

### THE INTERNATIONAL COUNCIL OF HOMŒOPATHY: ITS BEING AND DOING.\*

By GEORGE BURFORD, M.B.

*(Vice-President of the Council.)*

PRESIDENT MCCLELLAND, addressing himself at the Zurich meeting to that consciousness which like a ghost haunts all our meetings—the consciousness of the halting progress of Homœopathy—President McClelland asked, “To what is this arrested development due?” Are we uncertain of our scientific foundations? We are more certain than the sponsors for any other department of medicine. Is our clinical work sterile and unreliable? Competent clinicians the world over may verify the fertility of our method and the statistical constancy of our results. We must go farther afield to find the embargo on our ascendancy. Our history, and not our science, discloses the defect in our equipment. Since, quite early in our History we were ostiaticized into becoming a cause, the instinct of self-preservation decides that our organization is for us of the same importance as our science. It is not only necessary to enable the truth to be seen, it is requisite also to make it prevail. The compelling power of organization is the armament of a minority cause. Homœopathy wants a place in the sun, and homœopaths intend to get it.

The President accordingly spoke with insight when to his question “What is amiss with our organization?” he answered that our cause, the cause of Homœopathy, had not been organized as one and indivisible, but as a series of sub-causes, each hedged round by its geographical limitations. And he urged with insistent warning that we should not jeopardize the success of this cause by remaining as independent chieftains on a wide field of battle, taken by the dominant force and beaten in detail.

This intellectual outlook was the one accepted and

\* Being the substance of a paper read before the British Homœopathic Society.

endorsed at the last Pan-Homœopathic Congress in London; and an International sub-Committee was then instructed to arrange for representatives of each Country to meet in Council in 1912. The Meeting, as you know, was held at Zurich in August last; it was a two-day conference of representatives specially attending from the United States, Great Britain, France, Germany, Austria, Sweden, Belgium. The constitution and sphere of action of an International Homœopathic Council were debated, and provisional rules were adopted for the election of delegates to the next meeting of Council, to be held at Ghent in August of this year. A proportional number of Delegates at the Council Board was allotted to each country: Great Britain was to be invited to send five; and communications were ordered to be opened up in due course with the recognised Homœopathic bodies in various countries, inviting their sympathetic co-operation, and asking for a nomination of Delegates.

That International Meeting was impressive, and likely to be momentous in the history of Homœopathy. There were gathered in quiet council men from all parts of the globe—of various races, expressing themselves in different language—but all drawn by one inspiring spirit—to import union and progress into Homœopathy. It was the missionary spirit pure and fervent. How to bring the help of the strong to the aid of the weak; how to protect against legal encroachment here, against active professional antagonism there; on this side to give the counsel of experience to inexperience reaching forth a hand, on that side to bring stimulus to a community whom isolation had compelled into inaction; these were the grave topics of debate. At this meeting it was obvious we had got to bed-rock. Here were the forces and ferments of Homœopathy exposed to view; and the pressing requirements of country by country were disclosed, not as *couleur de rose* reports, but as the vital necessities of men daily engaged in the effort to make Homœopathy prevail. So numerous and various were the requirements of different countries as voiced by their representatives present, that an Executive Committee

was formed to study the matter more intimately; and this Executive Committee being President McClelland, Dr. Mende, of Zurich, Dr. Wheeler, Dr. Hoyle, and the reader of this paper—these deputed one of their number, Dr. Petrie Hoyle, to act as envoy or travelling secretary of the Executive, and investigate matters at first hand for its behoof. A thousand francs were subscribed there and then as a first instalment to cover travelling expenses.

We had not long to wait for the cry from Macedonia—in this case Sweden. A violent anti-homœopathic movement was being conducted by the dominant school, and Swedish Homœopathy was in danger of being swept out of existence. After extensive correspondence, Dr. Hoyle went over, demonstrated from his large American experience the official status of Homœopathy in America, added proof positive of its value in the shape of statistical results published by Government Institutions, and all this before an audience in which the two first rows of seats were closely filled by members of the Swedish Parliament. Suffice it to say that the Council received the warmest thanks of the Swedish colleagues for its timely response to their call, a response which left Homœopathy in Sweden on a much higher plane than it found it.

Hard on the heels of this came an urgent request from Russia. You will recall that Hahnemann was expatriated from Leipsic because the law forbade physicians to dispense their medicines themselves, and no chemists were forthcoming. A somewhat similar fate threatened, and in fact threatens, our brethren in Russia, but engineered on slightly different lines. No chemist, according to a Bill before the Duma, is to be allowed to keep or dispense medicines except of a character and in a form prescribed by the official pharmacopœia. In this official work, needless to say, Homœopathy and its preparations find no place, and the right of dispensing is to be as strictly forbidden to physicians in Russia as to their panel colleagues in England. At once our Homœopathic colleagues saw themselves prospectively frozen out; and Dr. Brasol, whom all here will remember, immediately applied to

the International Council for copies of the legal enactments by which Homœopathic dispensing was protected in other countries. These documents were to be laid before the Duma as part of the Homœopathic plea for toleration in Russia. The International Council opened up communication with Homœopathic authorities all over the civilized world: from America, through the active management of President McClelland, came a huge batch of the laws affecting dispensing in various States of the Republic. The Pharmacy Acts of England, with a digest written for the occasion by a barrister; the French dispensing code; the varied legal enactments of the German States, which were numerous as well as various; the Austrian Regulations; these and others, were all procured as copies of the laws in force bearing on this same point, of legalized dispensing as including the homœopathic variety. These documents were submitted to the Duma Committee, and were received with such appreciation by our Russian colleagues that voluntary donations of considerable sums of money have been subscribed by the Russian Homœopathic Societies to the exchequer of the International Homœopathic Council. The final decision of the Duma is to be given later in the year; our Russian colleagues express themselves as having their defence regenerated by the Council's action; and had the operations of the Council been limited to this issue—the probable salvation of Homœopathy in Russia—the result would have fully justified their being and doing.

But the action of the Executive of this Pan-Homœopathic Council has not been limited to these achievements; Germany, the birthplace of Homœopathy, has from the first taken the keenest interest in the idea that the Council represents, and the methods at its disposal to express it. The illustrations of homœopathic power in its strongest fortress, the United States, and the statistical results certified in Government publications in that country, had well served our Swedish colleagues at a time of crisis; and the Germans were not slow in praying the same force

in aid of Homœopathy in Germany. The Berlin Homœopathic Society invited the travelling secretary to address a mixed audience, lay and professional, just such a type of audience as the British Homœopathic Association caters for at its evening lectures. It was estimated that the auditory numbered some 1,500 interested hearers.

Before Berlin, the travelling secretary visited Magdeburg, addressing a meeting there, at the request of the local physicians. After Berlin, by special invitation, Darmstadt. Next, at the request of our colleague, Dr. Kranz Busch—Frankfurt, where topical interest drew a lengthy report in that representative journal the *Frankfurter Zeitung*; but last and best was the great meeting held at Stuttgart, under the auspices of that renowned homœopath, Dr. Richard Haehl. Over a thousand persons attended; the audience was fit, but by no means few; and this was the copingstone to the whole lecture series. By desire, the address was repeated the following evening, before an audience of 800. Elsewhere there had been interest and appreciation; here were massed weight and enthusiasm; and the Envoy returned secure in the knowledge that he had fulfilled his instructions—to aid and further the interests of the cause as the local colleagues might desire, and to leave Homœopathy in each instance with a permanent impetus to further progress.

Fame spreads: and Dresden, that city of culture, sent a request a little too late for fulfilment at this time. St. Petersburg, where, as I have narrated, Homœopathy has been concerned with the doings of the Duma, has asked and obtained the sanction of the Executive of the City for a similar visit in November next; and so interested are our Russian *confrères* in this new departure, that they have asked and obtained the necessary official permission for this presumably large meeting to be held under Government protection.

- To England attaches the credit of having been the seed-field of the International Homœopathic Council: in England, the primary growth was watered and

nurtured ; and recognising that the dynamis of the international machinery was British, to England we come with the first official account of the work up to date. As Englishmen and homœopaths we must be desirous that our country should remain the predominant partner in this twentieth century movement ; for some other participating country will infallibly become the centre of gravity of the International forces, should we with our national phlegm become supine. Five delegates, members of the British Homœopathic Society, must be elected by this Society to represent it at the meeting at Ghent in August, 1913.

The American Institute of Homœopathy, animated by the American spirit of recognising a go-ahead thing, have elected their delegates to the next Ghent meeting ; and have fortified and emphasized their action in a practical way, which I will allude to immediately.

The older heads among us will have considered these but as the "few preliminary remarks" attributed to the Scotch Minister, and waited for the magic word *finance*. Well, the Council is a solvent body ; it has spent money during the year, but it has paid its way, and has a balance running into three figures. I have said that fifty pounds was privately subscribed in the room when the first Executive Committee met. Our Swedish colleagues as a thank-offering for the work of the Council's Envoy contributed the whole of his expenses. The contributions from Germany, as a mark of the appreciation of the work done by the travelling secretary, amounted to £30, over and above the cost incident to his visit.

But the Russian subvention has been greatest. Our work hitherto for Russia has been limited to the documentary preparations I have already described. In September Dr. Brasol remitted £10 as a personal subscription ; again in December another £10 as another personal donation. In addition, the Russian Society of Homœopathic Physicians promises an annual subscription of £30 up to the date of the meeting of the next International Congress—that is, 1916. Their

subscriptions for last year, and for this year have been received, and finally, another Russian Homœopathic Society, of a kind, we gather, like our own British Homœopathic Association, has also subscribed £30 to the exchequer of the International Council.

From America, we have received £10 from the Pennsylvania State Homœopathic Society; and in addition to his initial subscription of £10, another personal contribution from President McClelland of £10; while the American Institute of Homœopathy has remitted a grant of 100 dollars—or some £20, as a unanimous expression of their good-will. Lastly, from far-off New Zealand we have received a donation of a guinea, and their best wishes.

Expenses have been heavy too; and the detailed balance sheet will be submitted to the Ghent meeting. Subscriptions may be transmitted to the Treasurer through the intermediation of the editor of the HOMŒOPATHIC WORLD.

Few men in the galaxy of homœopathic physicians of the first order are more widely honoured than Dr. John Preston Sutherland, secretary of the International Congress. Dr. Sutherland writes, respecting the work of the travelling secretary: "Although we are rather effectively organized here in New England, we need occasional stimulation; and the stimulation that comes from without is productive of a much more robust progeny than anything that can originate within. An appreciative audience and a hearty reception can be promised Dr. Hoyle, should he visit Boston." Dr. Sutherland concludes: "Your call on behalf of world-wide Homœopathy ought to be heard throughout the length and breadth of Christendom."

Here then in the fulness of time is being evolved a synthesis of the interests of Homœopathy, great and small, the world over. The inspiring spirit is "each for all and all for each." There needs the best brains, the widest experience, the acutest intelligences in our body to supply the dynamic force which shall run the internal machine at its greatest values.

Homœopathy can no longer be continued with any prospect of success on the water-tight compartment



system. Isolation is mordant enough in our own experience, without the introduction of its separatism between the national units which constitute Homœopathy. For these national units actually make up a homœopathic world—bound by the same science, chastened by the same experiences, animated by the same aspirations. Where would the cause of Peace be to-day without the careful nurturing of International affinities? Would the horrors of war have known any sensible mitigation but for the amalgamation of world interests in the Geneva Red Cross Convention? This Internationalism brings us power to assist weak and struggling settlements; to re-animate old-time establishments that threaten to fall too early into the sere and yellow leaf; and to encourage tardy movement to be taken up with the stride of Homœopathy where this walks with confidence and power.

For we have all put our hands to the enlargement of medical science; we have seen the vision of enlargement through the rich increase of Homœopathy. It is the working out of this increase that brings us together in Council assembled to develop that sublimated practice of medicine to which this building is consecrated.

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## MAGNESIUM.

By DR. T. G. STONHAM.

### GENERAL CHARACTERISTICS AND THERAPEUTIC ACTION.

MAGNESIUM is the metallic base of the Magnesium salts. It does not exist in nature in the pure state. When obtained artificially it is a silvery-white metal, with a slightly blue tinge, of combining weight 24 and specific gravity 1.74. It fuses at a low red heat, and is volatile. When strongly heated in the air it takes fire and burns with a dazzling white light with the formation of its only oxide, *Magnesia*. The light emitted by burning magnesium wire is rich in chemically active rays and is on that account used in photography.

The salts of Magnesium are widely distributed in the earth's crust and the chloride is an important constituent

of sea water. In the human body Magnesium is found in the blood, bones, teeth, muscles and nerves, and in the two latter is in even greater abundance than Calcium, with which it is closely associated in the tissues, and (1) which antagonises the inhibitory action of Magnesium on the nerve tissues. The affinity of Magnesium for muscular and nervous tissue suggests that its physiological and therapeutic action would probably occur mainly in the neuro-muscular system. The experiments of (2) Auer and Meltzer are in agreement with this supposition. They found that the Salts of Magnesium when injected intravenously or subcutaneously, when applied locally to a nerve trunk or finally when injected into the spinal arachnoid, exercise a remarkable influence on the functions of the nervous system. They arrest the movements of respiration and of the muscles of the body, produce narcosis, suppress nervous excitability and conduction, hinder peristaltic movements, and by their arresting muscular contraction exercise a favourable influence on tetanus. (3) Guthrie and Ryan come to the conclusion from their experiments that the salts of Magnesium, when injected subcutaneously in sufficient doses, cause paralysis of the neuro-muscular apparatus of the voluntary muscles: the paralysis of the distal skeletal muscles is followed by a gradual paralysis of the respiratory muscles, which produces a partial or complete asphyxia.

Binet says that the Magnesium salts act upon the nervous system in a manner similar to *Curare*, but differ from it by the fact that the functioning of the respiratory muscles is suppressed more slowly.

There is, therefore, general agreement as to the depressing influence of Magnesium on the neuro-muscular system. As to its influence on the sensory nerves there is a division of opinion, Meltzer and Auer maintaining that it has anæsthetic properties, while Guthrie and Ryan attribute any anæsthetic effects caused by injections of the salts to the partial asphyxia produced.

Local application of solutions of the Magnesium salts to the nerve trunks impairs the conductivity of the

nerve impulse in the sensory nerves and so brings about anæsthesia in their distribution, but this may be due to their physical properties as salt solutions and not to any specific effect. (4) Martinesco and Gradinesco have used intra-arachnoid injections of *Sulphate of Magnesium* in various painful affections of the central and peripheral nervous system, and have obtained a temporary or permanent cessation of pain. So used they consider it to be one of the most powerful of analgesics, and recommend its employment in all kinds of neuralgia. The cases treated by them were the gastric crises and lightning pains of locomotor ataxia, sciatic neuralgia, and the pain often occurring in the paralysed limbs of hemiplegia. They noticed in several cases that the improvement was preceded by an aggravation of the existing pains, or the starting of pains not previously present. A considerable number of cases of tetanus have been treated with solutions of *Magnesium sulphate*, injected hypodermically or into the spinal arachnoid, with gratifying results. By its paralyzing influence on the muscles the tetanic contractions are modified or suspended, and the patient's strength conserved till the poison has been excreted or he has had time to manufacture his own anti-toxin. Dr. W. S. Maguire uses *Magnesium sulphate* extensively in epilepsy, giving as a routine treatment for that disease four grains of the salt daily ; by this means he keeps the attacks in check and avoids the use of bromides.

Magnesium has a slight irritant action on the intestinal mucous membrane, causing a condition of mild catarrh. The well-known purgative action of the soluble salts, especially of the sulphate, is only partially due to the specific action of Magnesium, but is mainly the result of their physical action as salt solutions, and the pre-eminent value of the sulphate above the other salts of Magnesium in this respect is owing to its greater solubility associated with its slow absorption by the intestinal mucous membrane. The oxide and carbonate of Magnesium are insoluble and have a slight alkaline reaction. When injected, however, a part is changed into Magnesium chloride by the hydrochloric acid of

the stomach, and some of the carbonate is changed into bicarbonate by the carbonic acid present in the intestines. On account of their slight alkalinity they are used as ant-acids in hyperacidity, while at the same time they are mildly cathartic. The oxide is a constituent of *Pulv. Rhei Co.* (Gregory's powder), and the carbonate is present in the proportion of 2 per cent. in fluid Magnesia (*liq. Magnes. Carb. B.P.*). The prolonged use of large quantities of Magnesium oxide and carbonate has in some cases led to the formation of concretions in the bowel, resulting in obstruction. The oxide is a convenient antidote to the strong mineral or vegetable acids by neutralizing them. It precipitates many metals from their acids, rendering them less soluble and therefore less poisonous. It forms an insoluble compound with *Arsenic*, and is therefore, an antidote to that poison.

The symptoms elicited by the provings of the Salts of Magnesium on the human body mostly occur in the same spheres, *viz.*, the neuro-muscular system, and the alimentary tract, as are found to be affected in the experiments on animals, but the much smaller doses employed bring out the primary, stimulating, rather than the depressing, effects on the nervous and muscular tissues. Instead of paralysis and anæsthesia we have spasms of various muscles and pains of a shooting or cramping character. Spasms of the abdominal muscles are prominent and are associated with increased and irregular intestinal movements and griping pains. Spasms of the diaphragm with the production of hiccough and of the stomach with vomiting, spasmodic retention of urine or spasmodic enuresis also take place. In Dr. Neale's case (5) of a boy who took an ounce of *Sulphate of Magnesia* on an empty stomach, tetanic contractions on the right side of the face and right arm occurred. The employment of *Magnesia sulphurica* in tetanus and epilepsy seems therefore to owe its efficacy, to some extent at least, to a homœopathic action. This also determines the use of the magnesium salts in such complaints as spasm of the glottis, whooping-cough, writer's cramp, and dysmenorrhœa. The spasms are associated with

pain, but pains are produced by Magnesium independently of spasms. The pains of Magnesium are sharp, cutting, shooting, lightning-like, intermittent, cramping, coming in very severe paroxysms; they are increased by light touch and generally relieved by firm pressure and warm applications; they are associated with an irresistible desire to move about and are mitigated by so doing, unless the pain is in the part moved, when the pain is made worse. The amelioration from movement is a general, not a local symptom. The headaches are of a pressive or constrictive character, most often in the vertex and are worse from mental emotion and cold winds, and relieved by binding the head up tightly and warmly. The facial neuralgia is mostly on the right side and is aggravated by a cold wind. The abdominal pains are better from bending double, pressure, and warm applications.

In the extremities there are darting, tearing and cramping pains, worse from movement of the limbs; there is also an aching paralytic pain in the shoulders, especially the right, which extends down the arm and is worse from motion.

In the alimentary tract Magnesium sets up a mild catarrh, with increased secretion of mucus, and also causes irregular spasmodic contractions of the intestinal canal, with colic. The throat is filled with a tenacious mucus, difficult to hawk up. There are thirst, pain and sensitiveness in the epigastrium and loose or diarrhœic stools preceded by colic.

In the female generative system Magnesium causes catarrh of the uterus, with production of leucorrhœa, and alteration of the character of the menses, which become dark and tenacious. The expulsion of the menstrual flow and of the leucorrhœa is preceded by cramping pain, often severe, and relieved by warm applications and by walking.

The general mental condition of the Magnesium patient is that of anxiety and apprehension with depressed spirits and a tendency to shed tears. There is no disposition for any mental exertion and the patient is made worse by it. It is a remedy for patients whose nervous system is worn out by overwork and mental

anxiety. There is great mental and bodily sensitive-ness to noise, to touch, to cold winds. The pains seem intolerable, and he cannot keep still with them. Heat in bed with restlessness, followed by perspiration, but aversion to uncover. The right side of the body is most, but by no means exclusively, affected.

There are four salts of Magnesium used in homœopathic practice, the carbonate, the chloride, the phosphate, and the sulphate. These salts all have the Magnesium characteristics and therapeutic applications mentioned above, but, in addition, the provings and practical use have assigned to each a separate place.

*Magnesia Carbonica*,  $3(\text{MgCO}_3)\text{Mg}(\text{OH})_2, 4\text{H}_2\text{O}$ . The Light Carbonate of Magnesia of B.P.

It was first proved by Hahnemann and the symptoms are given by him in the Chronic Diseases.

This salt of Magnesium has been used mostly in the intestinal disorders of children with acid secretions and sour odour. The tongue and gums are sore, the breath has a sour smell. There are thirst and a desire for acid fruits and drinks. Inability to digest milk which is often returned as a sour vomit, or passed undigested in the stools. Potatoes and cabbage disagree as well as starchy foods generally. There are griping pains with rumblings in the abdomen, the pain being relieved by bending double, by the emission of flatus or by a stool. The stools are characteristically sour smelling, green, watery and frothy like the scum on a frog-pond ; or they contain mucus, or white particles like grains of tallow.

Other symptoms of *Magnesium carbonica* are : Itching of the scalp < during wet, rainy weather ; agglutination of the eyelids at night. There is an action on the ears indicated by extreme sensitiveness to the slightest noise, and also the opposite condition of nervous deafness. Tinnitus aurium. It is said to have been used with success for lenticular cataract. There are nightly tearing, digging and boring pains in the malar bone, insupportable during rest, and obliging the patient to get up. Also a swelling of the

malar bone with pulsating pain. Prescribing from these indications, and also from the fact that it was aggravated greatly by exposure to cold winds, Dr. Clarke cured a case of tumour of the malar bone, with *Magnes. carb.* It has been found very useful for a toothache occurring during pregnancy, which is worse at night, and compels the patient to get up and walk about the room.

In the throat there may be either a rising constantly of frothy mucus or the throat may be very dry with the sensation of an awn in it. A sore throat precedes the menses. The menses are dark, pitch-like, and stringy; pain precedes the flow, and this is more profuse at night and while lying down, and either lessens or ceases altogether from walking.

*Magnesia Muriatica.*  $MgCl_2$ .

This salt of Magnesium was also proved by Hahnemann, and its pathogenesis appears in the Chronic Diseases.

It has an influence on the liver, and is indicated in chronic liver affections, such as congestion, enlargement and induration of that organ; the indicating symptoms are tenderness over the liver region, and pain extending to the spine and to the epigastrium, and which is worse after food. There is flatulent colic and constipation. The liver pains are aggravated by pressure and touch, and from lying on the right side. The tongue takes the imprint of the teeth and feels as if burnt or scalded. There is usually little or no inclination for stool and much effort is required for a small result. The characteristic stools are of large, dry masses that crumble at the anus, or small knotty stools like sheep dung, which may be covered with mucus.

There is likewise difficulty in expelling the urine, and the bladder can only be emptied by straining and bearing down with the abdominal muscles, or by pressing with the hands over the hypogastrium.

The *Magnesia muriatica* patient is nervous and excitable, especially at the period of menstruation, and is liable to have nervous headaches, hysterical spasms or globus associated with that function. The menses

are black and pitch-like, with pain in the back when walking, pains in the thighs when sitting.

A peculiar symptom of *Magnes. mur.* is palpitation while sitting, relieved by moving about. *Magnesia muriatica* is present in sea-water in considerable quantities, and is useful for evil effects arising from sea-bathing. The patient's symptoms are generally worse from sea-bathing. Most symptoms are better in the open-air, except the headache, which is better indoors and from wrapping the head up warmly.

*Magnesia Phosphorica.*  $\text{MgHPO}_4 \cdot 7\text{H}_2\text{O}$ .

This salt of Magnesium was introduced to the *Materia Medica* by Schüssler, and his indications for its use are confirmed by Allen's provings of the potencies.

Of all the Magnesium salts the phosphate has the greatest influence on pain and spasm. It corresponds to pains of all kinds with the exception of burning pains, but is especially related to cramping pains. The pains are always relieved by heat, are usually, but not necessarily right-sided, are worse from light touch, but relieved by firm pressure and are often wandering and intermittent. The abdominal pains usually radiate from the umbilical region, and are worse from stretching the body out. They are relieved from bending double, taking hot drinks, warm applications, and walking about.

Menstruation is preceded or accompanied by severe cramping pain in spasms, markedly relieved by the application of heat.

The patient dreads the cold air, cold winds, cold washing, uncovering the body, and touching the affected part.

Besides abdominal colic and dysmenorrhœa *Magnes. phos.* is often used in the headaches of school children, in professional neuroses, for the after effects of catheterism, and for cracks at the corners of the lips.

*Magnesia sulphurica.*  $\text{MgSO}_4 \cdot 7\text{H}_2\text{O}$ . Epsom Salts.

There is a full proving of this drug by Nenning in the Cyclopædia of Drug Pathogenesis. It brings out symptoms common to all the Magnesium salts. The



special symptoms of the sulphate are thirst, diuresis, and copious watery and yellow stools. It has accordingly been used in diabetes and in dysentery. Many cases of tropical, bacillary dysentery, and, in more temperate climates, of summer diarrhœa, have been cured by it. Its employment in tetanus and epilepsy has already been mentioned. It is recommended to be taken in doses of a few grains daily to remove warts.

#### SCHEMA.

*Mind.*—Anxiety and apprehension. Depressed spirits with tendency to shed tears. Indisposition to talk, or for any mental exertion. Restlessness. Nervous excitability, with tendency to weep easily (*Mag. mur.*).

*Head.*—Pressive headache, especially on vertex. Headaches < mental exertion, > binding head up tightly. Tensive or throbbing pain in the occiput. Itching of scalp < during wet, rainy weather (*Mag. carb.*). Headache in forehead and sinciput, with confusion, > from exercise in the open-air and from wrapping the head up (*Mag. mur.*). Headache—pains shooting, shifting, intermittent, and paroxysmal always > from external application of warmth (*Mag. phos.*). Headache as if head were squeezed in a vice, < moving the eyes (*Mag. sulph.*).

*Eyes.*—Inflammation of eyes, with redness, burning and stinging. Agglutination of the eyelids at night (*Mag. carb.*, *Mag. mur.*). Lenticular cataract (*Mag. carb.*).

*Ears.*—Shooting pains in the ears. Great sensitiveness to the slightest noise (*Mag. carb.*, *Mag. mur.*). Nervous deafness (*Mag. carb.*). Tinnitus aurium (*Mag. carb.*, *Mag. mur.*, *Mag. sulph.*).

*Nose.*—Excoriation and sore pain in the nostrils. Violent coryza, at one time fluid, at another time stopped (*Mag. mur.*).

*Face.*—Discoloured, pale, earthy complexion. Pains in the cheekbones and in the nerves of the face, < right side, < cold and wind. Nodosities: vesicles, and cracks in the lips. Nightly tearing, digging, and boring in the malar bone, insupportable during rest,

and driving one from one place to another. Swelling of the malar bone with pulsating pain (*Mag. carb.*).

Pains radiating from the infra-orbital foramen all over the right side of the face, < touch, eating, cold air, > warmth (*Mag. phos.*).

*Teeth.*—Toothache, < by cold, by contact with food. Toothache, < at night, compels patient to get up and walk about (*Mag. carb.*)

Toothache during pregnancy (*Mag. carb.*). Sensation of elongation of upper incisors (*Mag. mur.*). Toothache, < after going to bed, eating or drinking, especially cold things; > by heat (*Mag. phos.*). Toothache, generally in evening, caused by hot or cold things, and by contact of teeth with food; the pains are jerking and throbbing and disappear in bed (*Mag. sulph.*).

*Mouth.*—Dryness in the mouth. Soreness and rawness of tongue and gums; burning vesicles. Sour or bitter taste in mouth (*Mag. carb.*, *Mag. phos.*). Sensation in interior of mouth as if burnt or scalded (*Mag. mur.*, *Mag. phos.*).

*Throat.*—Accumulation of mucus in throat, difficult to hawk up. Continual rising of frothy mucus in throat (*Mag. carb.*, *Mag. mur.*). Dryness and roughness in throat, as if an awn were lodged there (*Mag. carb.*, *Mag. phos.*). Soft foetid tubercles of the colour of peas are hawked up (*Mag. carb.*).

*Desires, Aversions.*—Thirst. Desire for fruits and acids (*Mag. carb.*). Desire for sweets (*Mag. mur.*).

*Nausea and Vomiting.*—Nausea with accumulation of sour or bitter water in mouth. Frequent eructations acid, bitter or putrid.

*Stomach.*—Pain and sensitiveness to pressure in epigastrium. Cannot digest milk (*Mag. carb.*, *Mag. mur.*). Hiccough with retching (*Mag. phos.*). Flatulent distension of stomach with cramping pain, > warmth, and bending double (*Mag. phos.*).

*Abdomen.*—Fulness and heaviness of abdomen, with pressure towards groins. Spasmodic pain with rumblings, > emissions of flatus or stool. Colic, followed by leucorrhœa (*Mag. carb.*, *Mag. mur.*). Sharp drawing and tensive burning stitches in region of liver, < pressure, walking, lying on the right side;

liver enlarged (*Mag. mur.*). Enteralgia, Flatulent colic, > bending double, rubbing, warmth, pressure ; accompanied by belching of gas which does not relieve (*Mag. phos.*).

*Stool.*—Loose or diarrhœic stools, preceded by colic. Stools green, watery, frothy, like the scum on a frog-pond, sour ; undigested milk in children (*Mag. carb.*). Stools knotty, like sheep's dung ; crumbling at anus (*Mag. mur.*). Severe stabbing pains in rectum (*Mag. phos.*, *Mag. sulph.*). Stools copious, yellow, slimy (*Mag. sulph.*).

*Urine.*—Involuntary emission or spasmodic retention of urine. Urine can only be passed by bearing down with abdominal muscles (*Mag. mur.*).

*Female Sexual Organs.*—Menstrual flow, dark, pitch-like, stringy. Pain precedes the flow. Flow more profuse at night, while laying down, lessens or ceases when walking. Sore throat before the menses (*Mag. carb.*). Leucorrhœa preceded by colic (*Mag. carb.*, *Mag. mur.*). Uterine spasms with hysterical symptoms (*Mag. mur.*). Dysmenia : severe cramping or cutting pains, intermittent, < right side, > from heat, > from the flow (*Mag. phos.*).

*Respiration.*—Spasmodic cough from tickling in the larynx, < lying down at night ; dry, or with thin salt expectoration. Congestion of blood to the chest with bloody expectoration, caused by sea-bathing (*Mag. mur.*).

*Heart.*—Palpitation of heart when sitting, going off on moving about (*Mag. mur.*).

*Neck and Back.*—Contused pain in sacrum and loins.

*Limbs.*—Darting, tearing and cramping pains in the extremities ; aching, paralytic pain in the shoulders, especially the right, extending down the arm ; < from motion.

*Skin.*—Itching of skin. Itching pimples or nodosities Warts (*Mag. sulph.*)

*Sleep.*—Sleepy during the day, restless at night and sleep disturbed by troublesome dreams.

*Chill, Fever, Sweat.*—Chilly and shivering in the evening, going off in bed. Heat in bed, with restlessness, followed by perspiration (*Mag. carb.*, *Mag. mur.*,

*Mag. sulph.*), and aversion to being uncovered (*Mag. carb.*, *Mag. mur.*).

*Generalities.*—Lassitude and weak feelings. The body feels sore and is sensitive. Symptoms occur mostly on the right side. Symptoms generally are < rest, > moving about, > in open air, if warm, < draughts and cold wind, < mental exertion; many symptoms are < at night. Pains are lightning-like, tearing, darting, or (*Mag. phos.* especially), cramping, generally < from touch or pressure, but often hard pressure relieves, > from warm applications. The pains in the extremities are < from movement, other pains usually > from movement.

#### RELATIONSHIPS.

*Neuralgic pains.*—The colocynth pains have all the characters of the Magnesium, *viz.*, > warmth and pressure, < evening and night; abdominal pains > bending double and from exertion; limb pains < movement and touch. It is to be noted that Colocynth contains 3 per cent. of *Magnes. phos.* The *Arsenic* pains are > warmth and < at night, and are associated with restlessness, but the *Arsenic* pains are burning, the *Magnesium* pains are of any description except burning.

*Chamomilla* has nightly pains with restlessness, but the *Chamomilla* pains are < warmth.

*Sour Stools.*—*Calcarea* has sour stools and intolerance of milk-like *Mag. carb.*, but it also has head sweats, cold and damp feet, enlarged abdomen, etc. *Rheum*, has sour stools with griping like *Mag. carb.*, but the *Rheum* stools are brown.

*Green Stools.*—*Chamomilla* has yellow green stools like chopped eggs. *Ipecac.* has green stools, but also nausea and vomiting.

*Rheumatism of Right Deltoid.*—*Sanguinaria. Ferrum* salts.

*Menses*, worse at night.—*Ammon.-mur.*

*Enlarged liver*, < touch, lying on right side.—*Mag. mur.*, *Mercurius*.

*Head ache*, > wrapping up.—*Mag. mur.*, *Silicea*.

*Heart symptoms*, > movement. *Mag. mur.* and *Gelsem.* (*Gelsem* contains *Mag. phos.*)

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## DIFFICULTIES OF HOMŒOPATHY.

IN a recent issue of the *New Church Quarterly*, appeared an article on this subject by the Rev. E. C. Iungerich. The first difficulty put forward was the Problem of Absorption; this is a difficulty of reconciling the administration of potencies with some of the Swedenborgian conceptions and as Dr. Neatby points out below, can only be dealt with by an expert in Swedenborg's writings. But it is worth noting that many followers of Swedenborg have not found in Homœopathy any belief incompatible with their faith in the Swedish master, so that this difficulty must have been in some way overcome for them. The other difficulties are entitled “The Fallacy of Infinite Divisibility,” and the “Improbability of Dissociation by Shaking,” and are made, we think, clear in the reply of Dr. Neatby. This reply seems to us so admirable a one to difficulties which are often put forward that it gives us much pleasure to reprint it here.—ED. “H. W.”

## INTELLECTUAL DIFFICULTIES OF HOMŒOPATHY:

## A REPLY.

BY T. MILLER NEATBY, M.A., M.D., B.C. (Cantab)., etc.

Before dealing *seriatim* with the “difficulties” set forth by the Rev. E. E. Iungerich in his article under

the above title, I should like to say that neither I nor any other homœopath can have any objection to a fair and informed statement of the intellectual difficulties of homœopathy. I would merely premise that the existence of intellectual difficulties is not of itself a reason for rejecting homœopathy. It might be plausibly urged that there are difficulties in the system of Emanuel Swedenborg ; but that, of itself, is not a sufficient reason for rejecting the system. It is conceivable that the difficulties involved in the *rejection* of a system, whether religious or therapeutic, may be greater than those involved in its *acceptance*.

The first of the "intellectual difficulties" is "*The Problem of Absorption*." As this "difficulty" is discussed in terms of Swedenborgian metaphysics, I must perforce leave it, as I am not qualified to intervene.

The second "intellectual difficulty" is "*The Fallacy of Infinite Divisibility*." Mr. Iungerich lays so much stress on "infinite divisibility" (I adopt for the moment his phrase, which is not quite accurate), and alludes so cursorily to the vital and central doctrine of Homœopathy, that I feel it right, at this point, to emphasize, once again, what has often been emphasized before, that the essential doctrine, which is Homœopathy, is that likes are curable by likes ; otherwise put, that medicines have the power of curing morbid or diseased conditions similar to those which they have the power to excite. The doctrine of "infinitesimals," as it is called, is no integral or essential part of Homœopathy. The "allopath," so-called, who gives drop-doses of *ipêcacuanha* for vomiting (*ipêcac.* in large doses *causes* vomiting) is practising *pure Homœopathy*. Hahnemann himself, in his earlier stages, used crude preparations—small, but by no means infinitesimal, amounts of the "similar" substance—and got good results from them. As a matter of *practical experience*, he came to find that higher, and even very much higher, dilutions, gave him, in most cases, better results. "Infinite Divisibility" is a man of straw. To accuse Hahnemann of assigning "a property of the Infinite to the finite plane" because, forsooth, he speaks of a substance

being divided "to an endless extent" (as a matter of fact his words were "*as it were* endless"), is, I submit, to be guilty of the "fallacy" of a "dull literalism." For "infinite divisibility" should be substituted "*indefinite* divisibility."

To the view of "indefinite divisibility" (which, be it carefully remembered, is not of the essence of Homœopathy) Hahnemann advanced, not *per saltum*, but by degrees. Every step in his advance, from the date of his first epoch-making discovery of the power of *Cinchona* to produce an artificial ague, was the result of prolonged and most laborious experimental investigation. It is necessary to insist upon this, as many people, misled by his opponents, have conceived of Hahnemann as an impractical dreamer and theorist. As a matter of fact, he was practical first, and speculative afterwards. He was a man of far too active an intellect not to ask himself, when he had discovered (as he thought) that infinitesimals were more curatively efficient than the cruder preparations, why this was. His answer was, succinctly put, the divisibility, to an almost indefinite extent, of matter. He may have been right, or he may have been wrong; but his anticipation of modern discoveries is, to say the least, startling. In this respect, as well as in several others, Hahnemann was a long way in front of his time. For these reasons we acclaim him as a great original genius; but we do not, as Mr. Iungerich seems to think, regard him as "infallible." Homœopaths have not thrown off the shackles of the old orthodoxy in order to assume a new set of shackles "made in Germany," but in order to be free of all shackles. Homœopaths do not think that "Homœopathy has been vindicated if they can demonstrate that subtly divided matter is very active . . . or that atoms can be dissociated into ions." What they *do* think, and most justly, is that any *a priori* objections to the use of extremely attenuated doses on the mere ground of their extreme attenuation, are, in the light of modern ionic discoveries and the marvels of radium, self-advertised futilities. These discoveries do not *prove* either Homœopathy or the efficacy of infinitesimals; but they knock the

bottom out of some very hoary objections to Homœopathy and the infinitesimals.

Mr. Iungerich's third and last "intellectual difficulty" is "*The Improbability of Dissociation by Shaking.*" This seems to me the most plausible of the "difficulties." It is not, of course, a difficulty of Homœopathy; for Homœopathy does not, in whole or in part, consist of "dissociation by shaking." Apparently, Mr. Iungerich thinks that we may "dissociate" up to the nineteenth potency, but not beyond. (The majority of homœopaths, by the way, would be abundantly content with much less than this.) "What likelihood is there," he asks, "that, on the next shaking, the homœopath will dissociate that atom into its ion?" There is certainly no direct proof, possibly not even an *a priori* likelihood, that a dissociation of atoms into ions is effected by the shaking process. Such a theory is a mere *a posteriori* explanation—in the light of modern science, sufficiently plausible—of the fact (as Hahnemann and many since his day have believed it to be) that "diluted" or "potentized" drugs are, in many forms of disease, more effective than the cruder medicines. What it is that actually takes place when the tinctures are shaken up, is a matter of great scientific and speculative interest; but to the practical physician it is of subsidiary importance.

Before passing on to Mr. Iungerich's difficulties "of a more practical character," I would draw his attention to certain statements found in so unbiassed an authority as Martindale and Westcott's *Extra Pharmacopœia*. In vol. I., page 466, occurs the statement:

"Dilute solutions of substances contain free ions of the substances,"  
and on page 468,

"The more a solution is diluted—up to a point—so much greater is the ionisation and rate of molecular conductivity."

These statements, which were certainly not made with any idea of bolstering up Hahnemannian infinitesimals, would not seem to bear out Mr. Iungerich's contentions.

I pass now, to the "practical" difficulties. The



first is "*the problem of treating an unknown cause.*" Mr. Iungerich says :—"The homœopathic prescriber is really treating effects, symptoms ; but, because of the similia theory, he confidently asserts he is treating the cause. But this, because unknown, is merely *une facon de parler.*" I have barely a glimmering of the meaning of this truly cryptic deliverance. I had better therefore, state, as briefly and clearly as possible, on what principles and with what aims the homœopathic prescriber works. In a sense, no doubt, the real and ultimate "disease" is occult, or unknown. But it is manifested in "symptoms," a term used here in the widest sense. No physician, be he allopath or homœopath, has anything to treat except symptoms, or the overt manifestations of the occult disease. But the "symptoms of the disease" is a phrase that needs to be closely defined. It is all too common to think of a "disease" as a mere text-book entity ; but "disease," in that sense, is a mere aggregate of the symptoms that are common to the majority of the sufferers from that disease. It is not the disease from which a particular patient is suffering. It is the average of the diseases from which a number of patients are suffering. It is not a picture of a concrete case of illness, but a "composite photograph" of an abstract "disease." Now the homœopathic physician claims to individualise. He does not say, "My patient is suffering from such and such a disease, and therefore he must have such and such a medicine." The patient may present the leading features of the text-book disease, and by these features his condition is "diagnosed." But he may have special features of his own. The homœopath takes account of *all* the disease-manifestations, whether generic or peculiar, corporeal or mental. Thus it may come to pass that two patients in one ward, both suffering from apparently typical pneumonia, are receiving different medicines. The homœopath believes (surely with reason) that, if, in his treatment of a patient, he takes account of all the disease-manifestations that that patient presents, he is treating that patient's disease. Put very briefly, the homœopath's ideal is to treat not a disease, but a patient, and

further, to treat not a part, or an organ, of a patient, but the whole of a patient. In a sense, his treatment is symptomatic, that is, he regards the symptoms as the palpable evidence of the disease. But he does not treat "symptomatically" in the ordinary sense of the word. Thus, he does not say, "This patient is constipated; therefore he must have a purgative. His heart is weak; therefore he must have a tonic. His stomach is sour; therefore he must have an alkali," and then, perhaps, put three different things in one bottle.

The second of Mr. Iungerich's "practical" difficulties is the "*unsimilarity of drug symptoms to symptoms from other causes.*" This "difficulty" is imaginary. It is not, as a matter of fact, at all uncommon for a morbid condition to be attributed, with much plausibility, to a disease, until it is discovered to be due to a drug that has been administered by the mouth or absorbed through the skin. So extraordinarily like are the results of *Belladonna* to the manifestations of erysipelas that Dr. Quinn, the founder of the London Homœopathic Hospital, long ago recommended the great Liston, one of the most eminent surgeons of his day, to try *Belladonna* for erysipelas in the wards of University College Hospital. Liston was a large-minded man and consented to make the trial. He was so struck with the vast superiority of the treatment of erysipelas by *Belladonna* over all the methods of the old school, that he stated in the *Lancet* in 1836 that *Belladonna* seemed almost to act like magic. Again, what a picture of *Belladonna* is a typical attack of Sclaratina, with its scarlet rash, its dry mouth, thirst, fever, hot skin and inflamed throat! And every homœopath knows what *Belladonna* can do in Scarlet Fever. It must, at the same time, be remembered that there are degrees of similarity. There is no necessity that the symptoms produced by a drug shall correspond at all points, and in reference to all parts and organs, to the symptoms manifested in the disease under treatment. The greater the general similarity, and in particular, the greater the similarity between the *prominent* and *well-marked* drug-symptoms and the

prominent and well-marked disease-symptoms, the greater the likelihood of cure. Much more might be said upon this important point if there were space.

As subsidiary to this, I can only allude cursorily to Mr. Iungerich's citation of "the preponderant testimony of the medical world." The preponderant testimony of the medical world was once decisively against the anti-septic and aseptic principles of Listerism, but these are now common-places. Such instances might be easily multiplied. Mr. Iungerich is innocent indeed if he thinks that it is only the road to spiritual truth that is barred by prejudice. An appeal to orthodoxy sounds very strangely in the lips of a Minister of the New Church. He is (I say it in no offensive sense) religiously "unorthodox." Will he bow to the "preponderant testimony" of the "orthodox" churches of our or his country? I trow not. The homœopath is medically unorthodox. Will he bow to the "preponderant testimony" of the orthodox medical school? Not if I know him.

Mr. Iungerich's third "practical" difficulty is "*the unreliability of subjective diagnosis.*" Under this head he says: "With the practical exclusion of such known objective tests as the bacteriological, X-ray, local palpation, nervous reflex, and the interpretation of nerve tone from the appearance of the muscles of the back, the dependence of the homœopath has to be placed on the testimony of a relatively ignorant patient." I do not wish to be unduly severe, but I feel bound to say that the "*relative* ignorance" of the patient is nothing to the *absolute* ignorance of Mr. Iungerich on the subject of homœopathic practice. A writer who undertakes to discuss the difficulties, intellectual and practical, of Homœopathy, ought really to acquire some rudimentary knowledge of Homœopathy. Bacteriology and the X-rays were unknown in Hahnemann's day, but Hahnemann fully believed in acquiring all possible knowledge of the patient's state by such physical methods as were then known. If Mr. Iungerich would go to the London Homœopathic Hospital, the metropolis of homœopathic institutions in Great Britain, he would find a busy

bacteriological laboratory presided over by an expert bacteriologist, and an X-ray department with its own medical officer; he would also find that "local palpation" and the examination of "nervous reflexes" were not wholly unknown or unpractised. (As for "the interpretation of nerve tone from the appearance of the muscles in the back," I cannot promise that he would find much of that; for I never heard of it, either amongst the allopaths or amongst the homœopaths.) Let it be clearly understood that the homœopath avails himself of all the current methods of investigation, clinical, pathological, bacteriological, radiological, upon which diagnosis is based. I am afraid that Mr. Iungerich has been guilty of setting up an idol of clay, in which no homœopath could possibly recognize the object of his devotion, labelling it "Homœopathy," and then showing how fragile is its constitution.

It is perfectly true that, with a view to the selection of his remedy, the homœopath also takes into account the various subjective symptoms of which the patient complains. I am not quite sure what Mr. Iungerich means by "relatively ignorant." If he means "relatively ignorant" of medicine, I am not at all sure that that is a disadvantage. If he refers to a general want of culture, that of course is present in many patients, though not in all. Where it is present, there is all the more need for intelligent care and patience upon the part of the physician. Human testimony must, in all spheres, be collected with care and discrimination. If Mr. Iungerich would read Hahnemann's *Organon*, he would, I think, be not a little surprised to find with what minute and punctilious precautions Hahnemann hedges about the practice of eliciting the patient's subjective symptoms. While he attached the utmost value to such investigations, he was quite alive to the pitfalls that beset the investigator.

Mr. Iungerich's fourth "practical" difficulty is "*the open disregard of positive methods.*" I do not know what "positive methods" are. In any sense that I am able to attach to the phrase, homœopathic methods

*are* positive. The practices of hygiene, of good nursing, of careful dieting, are not disregarded, either openly or covertly, by any competent or representative homœopath. Indeed, the success of homœopathy in its early days was often attributed by its opponents to the minute attention paid by homœopaths to dieting and general hygiene.

Mr. Iungerich's fifth and last "practical" difficulty is "*the uncertainty of cures by homœopathy.*" Well, human intelligence is finite and human knowledge imperfect, and it is only a charlatan who claims "certain" cures. We believe, however (many of us after an extended trial, first of allopathy, and afterwards of Homœopathy), that cures are much less "uncertain" under Homœopathy than under allopathy. There are some statistics bearing upon this point which I think would interest my readers; but as this article is already over-long, I must not go into that aspect of the question.

I am sorry that Mr. Iungerich derived no benefit from "ten years under Homœopathy," and I heartily congratulate him on obtaining a cure elsewhere. As a physician whose great aim in life is to cure, "I therein rejoice, yea, and will rejoice." But I do not think that "a few cases, including my own" form a sufficient ground for proclaiming "the uncertainty of cures by Homœopathy." It is, to go no further afield, so easy to produce the case of Mr. X., who followed "a few cases, including my own, pretty carefully" and found therein a remarkable evidence of the relative *certainty* of cures by Homœopathy. Even as I write, I recall the case of an allopathic physician who for many years was vexed by a bladder trouble, which none of his *confrères* could relieve, until in desperation he went to a homœopath. The homœopath cured him in a few weeks, and he, not unnaturally, concluded that Homœopathy was worth investigating, and himself became a practiser of Homœopathy.

## HOSPITALS AND INSTITUTIONS.

### BRISTOL.

THERE was a good gathering at the Annual Meeting of this Institution last month, and a very satisfactory report of increased work and increased support. In memory of Dr. Nicholson, a sum of £500 has been raised to endow a bed named after the doctor. This excellent memorial is mainly due to the zeal and energy of Mrs. Melville Wills. A successful Pound Day was held on November 16th. The annual deficit is reduced to £56, and the debt on the extension fund was announced at £98, but before the meeting ended, Mrs. Melville Wills presented £50, and Mr. Melville Wills, £52 10s., so that the adverse balance is now wiped out. In recognition of the admirable work done the B.H.A. sent £10 10s., thus continuing to testify to the interest taken by them in this Institution, which in earlier years they were privileged to help.

### BOURNEMOUTH.

THE Annual Report of the Hahnemann Home and Dispensaries begins in sorrow with a tribute to the late Dr. H. Nankivell, honoured and loved by all Homœopathy. To his memory a memorial chapel is to be erected at the Home. Half the necessary sum is already raised, and the many who knew and loved Dr. Nankivell in different parts of England may be glad to subscribe. Dr. W. G. Hardy, is now Chairman of Committee; 141 patients have been accepted for the home, only fifteen of whom came from the Bournemouth area; from which once more it is shown how this Institution serves all England and should win support far and wide. There is a surplus on the year's working, but to gain it some legacies and special donations have been treated as income, so that more annual subscribers are still needed. A legacy of £400 from Dr. Nankivell, and £4,000 from the late Mrs. Johnson, have been received.

## SOCIETY'S MEETING.

## BRITISH HOMŒOPATHIC SOCIETY.

THE eighth meeting of the session was held on 1st May, the President, Dr. E. B. Roche, in the Chair. After the preliminary business, Dr. M. Hardie and Dr. Younan were proposed for membership. Dr. Burford read a communication upon the International Council, the substance of which will be found elsewhere in this issue. It was listened to with great interest. At its close the President and Dr. Neatby made a few comments of a sympathetic kind, and details were given by the Secretary of the subscriptions voluntarily made by members of the Society to the work of the Council. This list, we understand has since been augmented. The delegates for the United Kingdom to the next meeting of the Council in Ghent were then proposed and elected, namely: Dr. Burford, Dr. Burwood, Dr. A. E. Hawkes, Dr. E. A. Neatby, and Dr. Wheeler.

Dr. Burford having shown some specimens, Dr. T. Miller Neatby read a paper on some of the rarer forms of Abdominal Pain, of a learned and detailed kind, covering all the ground in a very thorough manner.

In the subsequent discussion Dr. Hoyle, Mr. Knox Shaw, Dr. Goldsbrough, Dr. Green, Dr. Burford, Dr. MacNish, and Dr. E. A. Neatby took part.

The Dinner Club met as usual at the Holborn Restaurant.

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CHIONANTHUS VIRGINICA AS A LIVER REMEDY.—This remedy is indicated by clay-coloured stools, high-coloured or brown urine, yellowness of the conjunctiva and the skin, uneasiness or pain in the region of the liver or right hypochondrium, abdominal pains or colic, and great prostration. It is one of the best remedies in jaundice, when due to functional disorders of the great hepatic gland. It has the property of assisting in the prevention of gall-stones, and in their expulsion. It is indicated in slow convalescence following exhaustive diseases. It is useful in hypertrophy of the liver, consequent on obstruction of its ducts, or of a malarial character, and also in bilious colic. The dose is five minims of the tincture in a wineglassful of water five or six times daily.

## BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED).

RECEIPTS FROM APRIL 16TH TO MAY 15TH, 1913.

### GENERAL FUND.

#### SUBSCRIPTIONS.

	£	s.	d.
James Munford, Esq. .. .. .	2	2	0
John Thornley, Esq. .. .. .	10	6	
Mrs. Melville Wills .. .. .	2	2	0
Miss M. Goulding .. .. .	1	1	0
Dr. G. F. Goldsbrough .. .. .	1	1	0
H. Crewdson Howard, Esq. .. .. .	1	1	0
A. Ridley Bax, Esq. .. .. .	1	1	0
James Eadie, Esq., F.R.C.S. .. .. .	1	1	0
R. H. Caird, Esq., J.P. .. .. .	1	1	0
Samuel Robinson, Esq. .. .. .	1	1	0
Miss Fanning .. .. .	2	2	0
Dr. E. A. Neatby .. .. .	2	2	0
Mrs. Laurie .. .. .	1	1	0
Dr. Byres Moir .. .. .	1	1	0

#### DONATIONS.

	£	s.	d.
Dr. Burford .. .. .	2	2	0
Mrs. Melville Wills .. .. .	50	0	0
E. Shorrocks Eccles, Esq. .. .. .	25	0	0
J. Carlton Stitt, Esq. .. .. .	1	1	0

### NATIONAL HOMŒOPATHIC FUND.

	£	s.	d.
C. J. Biggar, Esq. .. .. .	5	0	
Keene and Ashwell, Ltd. .. .. .	1	1	0

#### MEETINGS.

A Special Council Meeting was held at Chalmers House on April 30th, immediately after the Annual General Meeting.

The usual Quarterly Meeting of the Executive was held at Chalmers House on May 20th.

## REPORT OF THE ANNUAL GENERAL MEETING, 1913.

THE Annual General Meeting of the British Homœopathic Association was held at Chalmers House on Wednesday, April 30th. After the reception and tea, the chair was taken at about 4.30 p.m., by Sir George Wyatt Truscott, Bart.



There were also present Mrs. Thirlby, Mrs. Wood, Miss Bevan Brown, Drs. Burford, Cronin, Day, Goldsbrough, Hoyle, E. A. Neatby, Weir and Wheeler, Messrs. Callard, Cuff, Howard, Morton, Munford, Knox Shaw, the Secretary, and others.

Regrets for absence were received from Mr. Lee Mathews, Drs. Burwood, Clifton and Wynne Thomas, Messrs. Caird, Duncanson, Pryer and Stilwell.

The Secretary read the notice convening the meeting.

The Minutes of the General Meeting held on Monday, May 13th, 1912, were read, adopted and signed.

The General Report of the Association was taken as read, and the Auditors' Report on the financial position was read by Mr. Howard.

In moving the adoption of the Report, Sir George Truscott expressed much regret that Mr. Lee Mathews, the Chairman of the Council, was unable to be present. He pointed out the obligation of the Association to Mr. Lee Mathews, and said that they were fortunate in having obtained his aid. He was a splendid and energetic organizer, and always ready for the work that came to hand.

He referred to the Introduction to the Report as being both interesting and important. It had been, he said, a memorable year in the history of Homœopathy, and the first place must be given to the fact that during 1912 Homœopathy had for the first time been recognised by the State. We had been looking forward to that event for years, and the National Insurance Act, although not popular in its initiation, had yet been for us brimful of opportunity. Under this Act homœopaths and allopaths were working together in the service of their country (applause).

Sir George then mentioned the attention we were receiving in the newspapers, referring in particular to the article published in *Truth*.

Again, it had been a year of munificent gifts, and first of all to be remembered was the splendid donation of Mr. Otto Beit for Laboratory Research. We owed this in the first instance to Dr. Burford for having interested Mr. Beit in Homœopathy, and secondly to Mr. Lee Mathews who struck the iron while it was

hot. A gift for Clinical Research was what we required to follow. By this means we should be enabled to make a more accurate comparison with the older methods of treatment, and the laity would thereby learn the advantages of Homœopathy.

Sir George said that we must not forget our debt to Lord Donoughmore, who still gave us his sympathy and help.

He expressed his regret at the loss of Dr. Chalmers, and said that the house in which we met would ever be a great and lasting memorial to his name.

In speaking of the proposed disbandment of the Ladies' Branch, Sir George approved of the step in view of their having now no particular work in prospect, but hoped the time would come when their special help would be again needed.

He mentioned the satisfactory record of the Ladies' Northern Branch under the able presidency of Mrs. von Stralendorff, and cited the notable achievement of having, during the past year, cleared off the debt of £3,000 on the Southport Hospital.

Sir George then spoke sympathetically of Dr. Day's scheme for a Children's Dispensary, and said he would be very glad to give it any help he could.

In conclusion he said he wished to impress the general public, and certainly the homœopathic public, with the importance of the Association, which he regarded as a great central exchange of homœopathic telephony. Finally he appealed for funds, and said the Association required an ascertained and sustained income. Annual subscriptions were not easy to obtain, but they were absolutely necessary if the work of the Association was to be continued on anything like an adequate scale. There were many who now gave nothing who might and who should be approached.

Mr. Morton, in seconding the adoption, referred to a letter from Mr. Pryer, suggesting work for the homœopathic laity in the direction of short lectures and discussions, and said the Executive had prominently before them the extension of lectures in provincial centres. He emphasized the need for homœopaths to

interest their friends and persuade them to swell the B.H.A. annual subscription list.

Sir George then called upon Mr. James Munford, Director of Kensington College. Mr. Munford expressed much regret at not having been hitherto a subscriber to the B.H.A., as he felt that he had thereby neglected a palpable duty to Homœopathy. He said that he had immensely benefited by homœopathic treatment all his life, and did not feel that his obligation was discharged by the small sum paid to his doctor. By way of making up for lost time, he wished, as well as becoming an annual subscriber, to present the Association with a scholarship to Kensington College, to be called the B.H.A. Scholarship, and to be available, under certain conditions, for the sons and daughters of homœopathic doctors.

The Chairman, on behalf of the Association, thanked Mr. Munford for the suggestion, formal acceptance of which was in the hands of the Council, and the meeting applauded.

Dr. Roberson Day was now asked to tell the meeting about his scheme for the establishment of a Homœopathic Dispensary for Children, and referred to the Chairman's sympathetic words about the proposed Children's Dispensary. In this vast city there was as yet no Children's Homœopathic Hospital, and there was a strong feeling that the children were not having all that Homœopathy could do for them. No part of the community benefited so much from Homœopathy as the children, and the time had come when they should have their own special hospital. Though allopathy had eighteen Metropolitan Children's Hospitals, Homœopathy had none—only our one general Hospital, which had done splendid work for many years, but was, of course, not specially for children. Dr. Day said the Dispensary idea had long been under consideration, and already had some enthusiastic supporters. Already there was promised a full honorary medical and surgical staff, and moreover there were promises of money, gifts and annual subscriptions, while a suitable site was being sought. Meanwhile his attention had been drawn to a precisely

similar institution started by the lady doctors—the Women's Hospital for Children, in Harrow Road. This was staffed entirely by women, and dealt at present only with out-patients. It was an allopathic institution, yet they had managed to prescribe for over 2,500 patients in the first eleven months, and the first Annual Report showed that the total expenses were under £350 per annum. The idea was to begin in much the same small way, and it was expected that the expenses would certainly not exceed those of this Women's Hospital for Children. He remarked that this institution would be the most powerful way of spreading a knowledge of Homœopathy, and for that reason deserved the special support of the B.H.A.

We had just been told, he said, that the Ladies' Committee had dissolved for want of a special object to work for. He would point out to them that here was the very work they were seeking, and he suggested that they should at once reconstitute themselves for this work which he confidently expected would be most successful and beneficial to Homœopathy.

Dr. Burford said that it was always inspiring to listen to a man with a mission, and, if this scheme were well thought out and sufficiently safeguarded, this Association could take no possible exception to it. The difficulty was, we had to take care in supporting new things that we did not do detriment to old ones. He said there were six Homœopathic Hospitals in New York and Brooklyn, and there was no treading on each other's heels. He thought it a stroke of genius on Dr. Day's part to have suggested the Ladies' Committee of the Children's Dispensary.

Passing to the general position, he said that in no year in recent times had the stride forward taken by the Association been so considerable. Things were now on the up-grade; one had only to look at the Report to see that. There was behind all a body of men who meant business, and fine work had been done in lending a helping hand to needy provincial hospitals.

He then referred to the International Homœopathic Council (which came into being at the last International Congress) as a body which made Homœopathy known

all over the world, and had lately done signal service to Swedish Homœopathy and again to Russian Homœopathy at a very critical juncture. This was the kind of position within the United Kingdom which the B.H.A. ought to occupy. We could take a valuable hint from Germany. There, in the days when the B.H.A. was doing great things, they felt they must look to their laurels, and they revived a Homœopathic Society of theirs called Hahnemannia, and got it to a membership of 12,000, of whom each person subscribed one mark. Very soon they would be starting a hospital with their surplus funds. He saw no reason why the B.H.A. should not get a membership of 12,000—there were far more than 12,000 homœopaths in this country.

Concluding, he pointed out that Homœopathy was, of course, in its pre-historic stage—what was a hundred years in the life of any great movement? It was well to remember that when confronted with set-backs and difficulties.

Dr. Hoyle laid stress on the successful propaganda to be achieved by well arranged facts and figures, and cited interviews in which he had been able to make a strong impression on able business men by an effective comparison of averages.

Mr. Knox Shaw, replying to questions on the working of the Insurance Act, briefly explained the Association's view and policy as to panel work.

Mr. Callard brought forward another side of the question, that of the unwillingness of the doctors to accept service under the Act. He said that we were thus losing a great opportunity.

Dr. Day proposed, Mrs. Thirlby seconded, and it was carried unanimously, that the Auditors be re-elected.

Dr. Wheeler proposed the re-election of the Vice-Presidents and Honorary Vice-Presidents, with the exception of Dr. Clarke and Dr. McClelland, and said that though Dr. Clarke considered that he must sever his connection with us, he could not take away the lasting results of the valuable work done for us by himself and Mrs. Clarke, represented by the Compton-

Burnett Fund, whose inception and collection were largely due to their efforts.

Dr. Hoyle seconded, paying warm tribute to the Honorary Vice-Presidents personally known to him, and saying that by the death of Dr. McClelland a great fighter had been lost to Homœopathy, and the motion was carried.

Mr. Munford proposed the re-election of the Council as then constituted, with the addition of Mr. Shorrock Eccles in place of Mr. James Speirs, deceased.

Dr. Cronin seconded, and the motion was carried.

In proposing a vote of thanks to the Chairman, Mr. Knox Shaw said that he wished to emphasize how cordially he agreed with what Mr. Callard had said about the Insurance Act, and he would say that the work of the Executive was carried on as far as possible from the point of view of the lay homœopathic public. He referred to Clinical Research, and said that this was the means by which facts and figures (which Dr. Hoyle had proved to be so valuable) might be collected from the practical work carried on in the hospitals.

He said that Sir George was not only our titular leader and director, but that he fell into line with the ordinary work of the Association, and was truly a worker, always ready to listen, help and give advice.

In seconding the vote of thanks, Mr. Morton fully concurred with Mr. Knox Shaw's tribute to Sir George, and said that the Association always knew where to go when in difficulty.

The Chairman, in replying, assured the meeting that he required no thanks, because he was only too delighted to do anything he could to help the cause of Homœopathy. He said that he must give honour where honour was due, and congratulated Mr. Knox Shaw on the part he played in working for State recognition and the success achieved. He wished to thank the Ladies' Committee, and especially Mrs. Henry Wood, its Chairman, for the work they had done.

## OBITUARY.

## DR. T. REGINALD JONES.

WE regret to record the death of Dr. R. Jones, at Colwyn Bay, at the age of seventy-three. Dr. Jones was a stout champion of Homœopathy for twenty years, and can ill be spared from our ranks. We are privileged to give the following details of his early experience in Homœopathy, through the kindness of Mr. E. H. Morton, Vice-Chairman of the B.H.A. Executive, and an old friend of Dr. Jones.

Dr. Jones practised in earlier life at Taunton as an orthodox physician, and had a large practice there. Among other responsibilities he had charge of the health of a large girls' school several of whose students were children of homœopathists. Scarlet fever broke out, and there were many cases in the school, and Dr. Jones was requested to allow the daughters of homœopathists to be treated homœopathically. He, therefore, studied the treatment for these cases as well as he could, and divided his cases between two wards, in one of which homœopathic treatment only was used, and in the other orthodox treatment. The comparative results convinced him of the superiority of Homœopathy so far, that after further study he announced his conversion, although this involved relinquishing his established practice. In 1876 he settled in Birkenhead, where he joined Dr. Burnett, and practised most successfully there until his retirement.

His motto was "Nil Desperandum" and true he was to it, to the great advantage of hundreds of patients to whom his intense personality and cheery presence was a tower of strength in illness. His power of diagnosis was most remarkable, and he was ever a true friend and comrade.

His intense conviction in the truth of the law of "Similars," made him a strong fighter for the cause of Homœopathy. He wrote some able letters in support of Lord Grimthorpe's advocacy of homœopathic treatment in the *Times* in the eighties.

## DR. GEORGE BLACK.

IN Dr. Black we lose another veteran, hero of many a fight for Homœopathy, passing to a well-earned rest. He died at Torquay, where he had worked for twenty-four years. It is happily common enough for physicians to win affection and honour from those they work for, but the reverence and love that rewarded Dr. Black were quite unusually deep and enthusiastic, and formed a testimony to his sterling work and great ability. Among his colleagues he was loved wherever he was known. Our art owes him a debt too, especially with regard to the provings of *Viscum Album*. He was a staunch vegetarian, and justified his faith by many cases of relief and cure. He will long be remembered for his beautiful, helpful life, at once a stimulus and an example.

## VARIETIES.

BILATERAL CEREBRAL ABSCESS INVOLVING THE MOTOR AREAS.  
—Few cases of symmetrical abscesses of the brain have been recorded. In the *St. Paul Medical Journal* for April Dr. W. A. Dennis has reported a case in which each motor area was involved, producing practically complete double hemiplegia. A youth, aged eighteen years, was transferred from the medical to the surgical service of the University Hospital on February 2nd, 1912, with the diagnosis of localized left pyo-pneumothorax communicating with a bronchus. On the 5th, three inches of the eighth rib were resected, several ounces of thick foul pus were evacuated, and the cavity, which was found to involve the lung substance, was drained. The temperature, which had been 102°-103° F. in the evening, quickly dropped to normal, and the offensive expectoration, which had been profuse, diminished. The patient got up and was greatly improved, though the discharge from the wound remained profuse. On the 24th he had an attack of aphasia characterized by a fixed stare and the repetition of the words "water" and "what." He seemed unable to form a sentence. On the next morning he felt well, but in the afternoon a similar attack, lasting about a minute, occurred. On the 27th there was another attack with rigidity of the right hand. Cerebral abscesses was then diagnosed. On the following day another attack of aphasia occurred, and he appeared to be paralysed on



the right side. Soon after this he talked intelligently for a few minutes and ate his dinner. Soon he became aphasic, the fingers of the right hand twitched, and the arm was held stiff. Half an hour later there was a general convulsion and the whole body twitched about for four minutes, during which he was unconscious. After three hours he was much better and fully conscious. On the 29th all he complained of was headache on the right side of the head. He was bright, talked normally, and had no paralysis. A neurologist who saw him in consultation diagnosed abscess beginning to form in the left temporal lobe. The patient did not seem in a favourable condition for operation, which was postponed for a few days. Then other symptoms developed. On March 4th the left hand felt numb. On the 5th the left arm was jerked about for five minutes, and on the next day it was paralysed. Later in the day there was a general convulsion more marked on the right side, and paralysis of the whole body followed. Still later in the day he could move the left arm and leg, and again still later the arm became paralysed. Two days afterwards he could use it again. He often complained of headache, and vomiting occurred. There were double optic neuritis and incontinence of urine. The temperature was sub-normal much of the time, and the pulse varied from 60 to 90. On the 16th an osteoplastic flap was made over the left motor area, and at the depth of about 2 cm. an abscess containing  $1\frac{1}{2}$  ounces of thick offensive pus was found and drained. The abscess lay beneath the ascending frontal convolution and extended downward and backward for about 3 cm. Next day the temperature was normal and the pulse 86. He could move both legs and the right hand, but the left hand was paralysed. He could not speak, but appeared to understand what was said to him. On the 19th the pulse suddenly rose to 160, and from this time until death, which took place on the 30th, his condition was critical. The right arm was often used, but never the left. The right pupil was dilated. An abscess in the right motor area was suspected and the question of a second operation was considered, but was not performed on account of the bad condition of the patient and the opinion of the neurologist that this was due to extension of pus towards the base of the brain. At the necropsy the drained abscess was found almost obliterated. In the corresponding area on the right side was an abscess rather larger than the one on the left side. In the anterior pole of the left frontal lobe was a third small abscess. Each abscess was distinctly limited by a capsule and there were no signs of involvement of the meninges or ventricles. As in most cases of multiple abscess of the brain, the lesions in this case were embolic from a primary focus in the chest.

THE ENDEMICITY OF YELLOW FEVER ON THE WEST COAST.—The subject of yellow fever and its endemicity in certain regions of the world has of late years been receiving a good deal of attention, but progress in arriving at definite conclusions has been greatly hindered by the difficulties at present associated with the

diagnosis of the disease. In *The Lancet* of April 19th we offered some comments upon an official report which had raised the question whether yellow fever was not still endemic in the island of Jamaica. Since then another official report issued by the Colonial Office has been brought to our notice dealing with certain alleged outbreaks of the disease in several of our colonies along the West Coast of Africa during 1910 and 1911. This report, compiled from material supplied by various officers of the medical, sanitary, and other departments of the colonies concerned, and supplemented by the researches of experts, was begun by Dr. A. E. Horn while attached to the Colonial Office, and has been completed by his successor, Mr. T. F. G. Mayer, of the West African Medical Staff. The reported outbreaks occurred in four colonies—namely, the Gambia, Sierra Leone, the Gold Coast and Nigeria, comprising altogether 64 cases, of which 52, or 81.2 per cent., were fatal. Of those attacked 40 were Europeans, among whom there were 34 deaths, giving a case mortality rate of 85 per cent.; 12 were Syrian traders, and of these 11 died (91.7 per cent.), and 12 were negroes, of whom 7, or 58.3 per cent., proved fatal. This racial distribution of the illness is quite in keeping with previous experience of yellow fever outbreaks elsewhere, for the newly arrived Europeans and Syrians formed the bulk of the patients. As regards the negroes who suffered, it is well known that the natives of endemic areas acquire in early life an immunity from yellow fever by mild attacks of the malady which sometimes pass under various names, such as endemial, inflammatory, or acclimatising fever. In West Africa it is often necessary to bring labourers from "healthy" districts in the interior—i.e., where there is no endemic yellow fever—to work on the coast, and it is obvious that these men would be non-immunes like the Europeans and Syrians. Mr. Mayer in his introduction intimates that the readers of the report will have to form their own conclusions as to the correctness of the diagnosis of the cases reported as yellow fever, and with a view to render assistance to the reader ample details—clinical, pathological, and other—are supplied, together with temperature charts in almost every instance. In an appendix to the report, Dr. R. H. Kennan, senior sanitary officer, Sierra Leone, gives a description of a malady frequently epidemic among the natives of the colony and elsewhere and known as "bayloo," "wayloo," or "burra." This appears to be an acute infection characterized by fever, jaundice, enlargement of the liver and spleen, and accompanied by nephritic and nervous symptoms. It has been suggested that "bayloo" may be a mild form of yellow fever, but Dr. J. W. Collett, the senior medical officer, thinks that the grounds for considering it a modified manifestation of that disease are at present insufficient. From various other sources we learn that in late years outbreaks of yellow fever have occurred in other localities along the West Coast of Africa, including the French colony of Senegal, Portuguese Guinea, German Togoland, and French Dahomey. So that it may be said that in an area along the coast of West Africa extending southwards from the Port of

St. Louis in Senegal as far as Lagos in Migria, a distance of more than 2,000 miles, yellow fever has been more or less prevalent for some time. In this area it is noteworthy that the insect transmitter of yellow fever, the *Stelomyia fasciata*, has been observed in abundance. It is therefore probable that the region above indicated is to be regarded as one of the areas of the world where yellow fever is endemic. It is probable that the reported cases in our own, as well as in the foreign, colonies of West Africa, do not correctly represent the full incidence of the disease. The late Sir Rubert Boyce, it may be remembered, drew attention to the reluctance that existed in notifying yellow fever, and the tendency for each colony, if a case occurred, to blame some other one for having supplied the infection to it. Moreover, he asserted that numbers of cases of yellow fever in Africa were wrongly diagnosed, and that many of them were treated as bilious remittent fever or other illness. Unfortunately, as we have already stated, yellow fever is at all times a difficult disease to diagnose, particularly in its milder forms; and as yet no definite specific organism has been discovered by which identification of the malady might be established with certainty, unless, indeed, the so-called yellow fever body isolated and described by Dr. H. Seidelin is to be accepted as the specific parasite of the disease. In view of these and other difficulties, the Colonial Office have for some time been seriously considering the situation, and we learnt recently with much satisfaction that a great effort is to be made to solve the yellow fever problem in West Africa by the appointment of a commission of distinguished experts, among whom the skilled clinician, the modern etiologist, the scientific pathologist, and the practical sanitarian are represented. We may reasonably hope that before very long the labours of this commission will succeed in throwing a flood of fresh light upon the yellow fever problem, and that soon a great advance in our knowledge of this disease will be effected.

§. TRILLIUM PENDULOSUM IN PHTHISIS PULMONALIS.—This remedy is an analogue of *Hamamelis Virginica*, and is of great benefit in the treatment of consumption of the lungs, when the cough is troublesome, accompanied with purulent and copious expectoration, and spitting of blood. It has a wonderful power over hæmorrhage, and of great value as a mouth wash after dental extractions. It is also indicated in those cases of dysentery where the evacuations are almost of pure blood. Two minim doses of the tincture every two or three hours—every hour, till improvement sets in, in cases of dysentery.

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To CONTRIBUTORS.—Reprints of articles can be ordered from the publishers, on application not later than eight days after publication.

**MEDICAL AND SURGICAL WORKS PUBLISHED  
DURING THE PAST MONTH.**

- Auerbach** (Siegmond). Headache, Its Varieties, their Nature, Recognition and Treatment. *Oxford Medical Publications*. Cr. 8vo, pp. 216. *H. Frowde*, net 5s.
- Castellani** (Aldo) and **Chalmers** (A. J.). Manual of Tropical Medicine. 2nd ed. 8vo, pp. 1,780. *Bailliere*. Net, 21s.
- Chetwood** (C. H.). The Practice of Urology. Royal 8vo. *Bailliere*. Net, 21s.
- Davis** (Haldin). Skin Diseases in General Practice ; their recognition and treatment. (Oxford Medical Treatment). 8vo, pp. 352. *H. Frowde*. Net 15s.
- French** (Margaret). Babies. A Book for Maternity Nurses. 12mo, pp. 88. limp. *Macmillan*. Net 1s.
- Hooking** (M. R.). Bandaging Made Easy. 16mo, pp. 110, limp. *Scientific Press*, Net 1s.
- Johnstone** (R. W.). A Text-book of Midwifery. Illustrated. Cr. 8vo, pp. 512. *Black*. Net 10s. 6d.
- Lamb** (William). Practical Guide to Diseases of the Throat, Nose, and Ear. 3rd ed. Cr. 8vo, pp. 368. *Bailliere*. Net 7s. 6d.
- Lindsay** (James). Gout, its Aetiology, Pathology, and Treatment. (Oxford Medical Publications). Cr. 8vo, 224. *H. Frowde*. Net 5s.
- Mamlock** (H. J.). Porcelain Filling of Teeth. 8vo. *Bailliere*, Net 4s.
- Maitland** (Lytton). Essentials of Fever Nursing. 16mo, limp, pp. 116. *Scientific Press*. Net 1s.
- Maitland** (Lytton). How to read and write Prescriptions. 16mo, limp., pp. 70. *Scientific Press*. Net 1s.
- Manual of Venereal Diseases** (A.). By various Authors. 2nd Ed. Revised and largely rewritten. (Oxford Medical Publications). 8vo, pp. 334. *H. Frowde*. Net 10s. 6d.
- Panton** (P. N.). Clinical Pathology. 8vo, pp. 456. *Churchill*. Net 12s. 6d.
- Slauson** (H. W.). Ear Troubles : Their Symptoms and Their Cure. 12mo. *Harper*. Net 1s.
- Sutton** (Sir John Bland). Fibroids of Uterus : Their Pathology, Diagnosis, and Treatment. Illustrated. Cr. 8vo, pp. 254. *Science Reviews*. Net 14s. 6d.
- Sym** (William George). Disease and Injuries of the Eye. Cr. 8vo, pp. 510. *Black*, Net 7s. 6d.
- Warwick** (F. J.) and **Tunstall** (A. C.). "First Aid" to the Injured and Sick ; An Ambulance Handbook. 8th Ed., revised. 12mo, pp. 1262, boards. *Simpkin*. Net 1s.
- White** (Charles Powell). The Pathology of Growth Tumours. Illustrated. 8vo, pp. 248. *Constable*. Net 10s. 6d.

## TO CONTRIBUTORS &amp; CORRESPONDENTS.

ALL literary matters, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. C. E. WHEELER, 35, *Queen Anne Street, Cavendish Square, W.*

Letters to the Editor requiring personal reply should be accompanied by stamped directed envelope.

All advertisement and business communications to be sent to the "MANAGER" of the Homœopathic Publishing Company, 12, Warwick Lane, Paternoster Row, London, E.C.

LITERARY matter and correspondence should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the *Editor* as early as possible.

## CORRESPONDENTS.

Dr. R. Day, London.—W. A. Vaughan, Esq., London.—Dr. Bernstein, Philadelphia.—Gordon Ward, Esq., London.—W. Reid, Esq., Glasgow.—Mr. Rock, Mauritius.—Dr. C. Bodman, Bristol.

BOOKS AND JOURNALS  
RECEIVED.

Brit. Hom. Review.—Revist. Hom.—Med. Times.—Allg. Hom. Zeit.—Med. Advance.—The Chironian.—La Homœopatla.—Ind. Hom. Rev.—Hom. Envoy.—The Chemist and Druggist—Medical Century.—Rev. Hom. Française.—H. Recorder.—L'Omlopatla in Italia.—Revista Hom. de Pernambuco.—N.A.J. of H.—New Eng. Med. Gaz.—L'Art Médical.—Hom. Jour. of Obst.—Annals

de Med. Hom.—Century Path.—Hahnemannian Mon.—Pacific Coast Jour. of H.—Journal B.H.S.—Zoophilist—Calcutta Jour. of Med.—Le Propagateur de L'Homœopatie.—Från Homöopatliens Värld.—Journal of the American Institute of Homœopathy.—Eczema: Bernstein.—Indian Homœopathic Reporter.—La Critica.—The Homœopathician.—Iowa Homœo. Journal.—Modern Miracles, Wallace-Clarke.

## The Homœopathic World.

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Curentur or Curantur? By J. H. McClelland, M.D.

A Beginner's Cases. By R. H. Dykstra, M.D. (Amsterdam).

The London Homœopathic Hospital.

## HOSPITALS AND INSTITUTIONS:

Southport, Bromley, Manchester.

## SOCIETIES' MEETINGS:

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## BRITISH HOMŒOPATHIC ASSOCIATION

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## EXTRACTS

An Experience with Lachesis. By Joseph Rieger, M.D., Dunkirk, New York.

## REVIEWS:

A Biochemic Primer.

A Pamphlet by M. Galsworthy.

A Clinical Guide.

## CORRESPONDENCE:

The Children's Homœopathic Dispensary.

## OBITUARY:

Dr. Edward Mahony. By Dr. D. Ridpath.

Mr. Prassana Kumar Mitter.

## VARIETIES.

Medical and Surgical Works.

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# THE HOMŒOPATHIC WORLD.

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JULY 1, 1913.

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## THE VALUE OF HOMŒOPATHIC RECORDS AS PROPAGANDA.

HOMŒOPATHY is a law of Medicine and physicians are the persons best qualified to make the observations upon which alone a faith in the law can be justified. But while this would readily be granted, it is doubtful if the members of our medical army do their duty in the way of recording their experiences. It is true our adherents are none too numerous, and are nearly all busy (often overworked) men, yet if time could be found for the record of even one piece of experience every three months by each homœopathic physician, we should in a few years have a body of recorded clinical evidence which would be invaluable for propaganda, for teaching and for self improvement. As it is, Society Secretaries (not to say Editors) have great difficulty in obtaining material, the few willing ones come forward again and again to help, and the vast majority are content to read (sometimes) the labours of others without any stimulation to produce something themselves. We wish to suggest to our medical brethren that this is not as it should be. Minority causes demand some sacrifices from all those who believe in them, and those to whom Homœopathy has become an asset for their work might surely pay a little of their debt. It is a mistake to think that long and elaborate papers are the only worthy contributions. Notice the admirable report of a case in this issue from Dr. Miller Neatby ; similar experiences are happening to men every week ; can none of them

be recorded? The labour would be slight, the reward to readers great, and to the writer not small, for experience *recorded* becomes more deeply impressed on the mind. If men cannot or will not set down their own experiences will they translate those of others? The writings of Dr. Hugo Schulz cry aloud for translation, and for propaganda among the orthodox would be invaluable. We should like to see the first essay in his "Inorganic Materia Medica," translated and distributed broadcast among medical men. It could hardly fail of some effect, and might have a very considerable one. We commend the idea to the activities of the National Homœopathic Fund, but the principal change needed is a realization among all of us, first that there is a constant need for fresh records, and second that we ourselves have a duty to perform in supplying them.

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MURIATIC ACID.—Woman aged sixty years suffered for months with a burning, scalding urination. Patient presented many of the symptoms of cystitis and until a microscopical examination of the urine was made this was thought to be the diagnosis. Dr. Mellon, of Ann Arbor, examined patient's urine and reported that the diagnosis was a severe case of oxaluria. The urine was highly acid and found to contain an excess of oxalates. Patient was put on a restricted diet, forbidding especially vegetable foods, and *Hydrochloric acid*, U.S.P., was prescribed, ten drops four times a day. Patient soon experienced relief and after six weeks of this treatment reports that she is practically well.—A. E. HINSDALE.

EUPATORIUM PURPUREUM.—Frequent urination, occurring especially in women, is very apt to find its curative remedy in *Eupatorium purpureum*. The frequency of urination is not dependent upon a cystitis, but is the result of some simple vesical irritations the exact nature of which is not known. Such vesical irritations are very apt to occur in the winter time, and in so far as a large number of persons being afflicted with it is concerned, it seems to partake of the nature of an epidemic. The power of this drug to speedily relieve this condition is one of the certainties of medicine.

## NEWS AND NOTES.

### THE INTERNATIONAL HOMŒOPATHIC COUNCIL.

As our readers are aware, this Council will meet at Ghent early in August and a good many delegates are already chosen. The names of the Belgian delegates were sent in some time ago, but by an oversight have not heretofore been published. They are, Dr. Samuel van den Berghe, of Ghent, and Dr. Nyssens, of Brussels. Dr. Arnulphy, well known in England, is a delegate for the Society of the Sud-Est in France.

### BELGIAN HOSPITALITY.

IN connection with the meeting of the International Council our Belgian colleagues will be holding their Annual Congress at Ghent on August 8th, 9th, 10th. A cordial invitation has been sent to members of the British Homœopathic Society to attend the Congress meetings and the Congress Banquet. The City of Ghent is ancient and famous and well worth a visit, even apart from the great Exhibition now to be seen there: we hope some of our English physicians will avail themselves of this generous invitation from Belgium. The sittings of the International Council will be open to qualified medical men and women, though only accredited delegates will be allowed to vote.

### HOMŒOPATHY IN MAURITIUS.

A correspondent writing from Mauritius after relating his success in treating an obstinate case of "Sprue," chiefly with *Lachesis* 6, continues with an interesting account of a series of eight cases of whooping cough occurring in a school, which came to him for treatment after orthodox medicine had failed to give any relief. It was found on enquiry that the "orthodox" treatment had consisted in administering tincture of *Drosera*, but in very large doses, beginning, it is true, with three drops, but advancing to 10, 20, and even 50 drops. The cases were thus complicated by *Drosera* poisoning. Camphor proved an effectual



antidote. One very severe case required other remedies, but all recovered. In all our correspondent treated seventeen severe cases without a failure during this epidemic, whose severity may be gauged from the fact that in two successive months 485 and 350 deaths were attributed to this disease.

#### GRATIOLA (THE HEDGE HYSSOP.)

A tincture is made from the entire plant. It was proven and used by German physicians of prominence, such as Nenning, Harllaub, Herrinan, Mahlenbein and others.

The first mental symptoms noticed in the proving was insomnia. One young lady prover became very joyous and happy on first taking the drug and later on became fretful and ill-humoured. Nothing pleased her ; she desired to be alone ; she was in deep thought, earnest, and reflective with no desire to hold a conversation. She was obliged to think a long time before answering questions. She was apprehensive and slow. She had a reeling vertigo and when closing the eyes it seemed as if she would fall. This was greatly relieved after breakfast and in open air.

DR. ALLEN *in the Critique.*

#### TORQUAY HOMŒOPATHIC DISPENSARY.

THIS Dispensary has a history of sixty-five years of usefulness. It has a record for 1912 of 6032 attendances, and though supported by voluntary contributions only, pays its way, and records a balance in hand. Dr. Ford Edgelow and Dr. Alex. McCandlish are the medical officers and to their zeal and energy the success of the Institution is largely due : much other assistance of a secretarial kind is given gratuitously and generously. We have no doubt that our readers will be glad to be reminded of an Institution doing such good work, and any friends who take their holidays in the neighbourhood will, we hope, pay a visit to the Dispensary and inspect the premises, and leave a donation as a mark of their interest and sympathy.

GUACO (CLIMBING HEMP WEED).

WE are indebted to Dr. C. Dunham for the little knowledge we have of this remedy, who received a translation of a proving of it from Dr. Elb. Hombott, Schomberg and Foster agreed that it was the best remedy they had found for snake bites.

They applied the fresh juice of the plant dropped into the wound. It is said to be a good remedy in the following diseases: *syphilis*, cancer, *serpent bites*, chancres, cholera and spinal irritation. If there is any truth in this statement, we ought all to employ it.

It produces a burning, drawing and stiffness at the nape of the neck and severe drawing pains along the spine. It is worse in the cervical region, the occiput and lumbo-sacral region. Burning drawing pains in the elbow joint, deltoid muscle and shoulder and ankle joints. Soreness and lameness is also in the hip joint. All its pains are said to be aggravated by motion.

A powerful dose of the tincture brought on constriction of the larynx and trachea, with deafness, heaviness and difficulty in moving the tongue, threatening paralysis of speech from disease of the medulla. All numbness, depression of spirits and pain were absent. The only other symptoms present were headache and redness of the face. Indeed, I should say that these symptoms were similar to those of apoplexy, and the lesion confined to the medulla.—DR. ALLEN *in the Critique.*

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HOMŒOPATHY IN CALCUTTA.

WE have received the Seventh Annual Report of the Central Homœopathic College of Calcutta. This institution, under its Manager, Mr. K. M. Banerjee, and Dr. S. N. Ghose, Dr. Majumdar, Dr. N. Ray and others has achieved a great and growing success. Working in it and its attached Homœopathic Hospital it has this year 120 new admissions of students. Dr. S. N. Ghose celebrated the anniversary of Hahnemann's birthday with a reception at his residence, attended by many distinguished persons and a number of non-

homœopathic physicians, who thus testified to their personal respect for their host.

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*LATRODECTUS HASSELI.*

Mr. Erksine White sends us from New South Wales an account of the effect of the venom of this spider which suggests it as a potent remedy. *Latrodectus Katipo* and *L. Mactans* appear in our Pharmacopeia though neither is much used. Mr. White speaks of several fatal cases following the bite of *L. Hasselli*, and gives the principal symptoms as hereunder recorded. Great œdema in neighbourhood of wound (lowered coagulability is a symptom of *L. Mactans*) ; paralysis of limbs after bites, with great wasting of muscles (probably result of neuritis) ; violent, agonizing, darting, burning pains preceding paralysis ; paralysis varying with site of wound, in one case, bitten behind the ear, there was paralysis and wasting of most of the body muscles and limb muscles ; vertigo, tendency to fall forward ; septicæmic conditions are suggested by some of the effects, and the drug should be useful in the more violent toxæmias.

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LITHIUM CHLORIDE produced with Dr S. A. Cleaveland in two gm. doses symptoms like those of cinchonism, viz., dizziness, ringing in ears and blurring of vision ; marked muscular and general prostration with entire absence of gastro-intestinal symptoms. The dizziness became so marked that the room seemed to go round all night, and sleep was almost impossible. The dizziness, weakness and tremors were so intense that there was staggering and it was necessary to remain in bed.—J. A. M. A.

SUGAR AS AN ANTISEPTIC.—Dr. G. Magnus, in the *Munchener Med. Wochenschrift*, has been using sugar in the treatment of wounds. It combats infection and putrefaction, has a solvent action on fibrin, and stimulates secretion by the intense osmotic changes induced, thus rinsing out the wound with serum from within outward—all this produces conditions extremely favourable for healing, cleansing, deodorizing, and promotion of healthy granulation. The fibrin dissolving action of sugar is striking. Patients with leg ulcers were particularly impressed with the way the sore cleaned up under the influence of the sugar.

## ORIGINAL COMMUNICATIONS.

### FERRUM.

By DR. T. G. STONHAM.

Symbol Fe. Combining Weight 56. Specific Gravity 7.8.

#### GENERAL CHARACTERISTICS AND THERAPEUTIC ACTION.

PURE metallic iron exists only in very small quantities on the earth's surface, but in its various ores, mainly oxides, carbonates and sulphides, it is the most abundant as it is the most important of metals. It is a normal constituent of the human body, in which it is present to the amount of forty to fifty-five grains. It is an important element in the hæmoglobin of the blood and is a never-failing constituent of the nucleins and nucleo-proteids, and therefore is present in the leucocytes, and in a very small extent in the blood serum. It is probably essential to the life of all forms of protoplasm, whether animal or vegetable, and in the higher plants chlorophyll cannot be formed in its absence, although chlorophyll itself does not contain iron. Though the larger part of iron in the human body is taken up in the formation of hæmoglobin, it enters also into the composition of some oxidases, and probably performs a *rôle* as an oxygen carrier in certain cases. It is found in the spleen and the liver, the latter of which acts as storehouse for any excess above the requirements of the body.

The ovum contains all the mineral bodies necessary for the development of the young animal, and the nucleo-albumin containing iron is the substance from which the hæmatogen used in the formation of hæmoglobin is formed. In this connection it is of interest to note the richness in iron of the liver of new-born animals. In the cow foetus the amount is ten times as much in proportion as in the adult cow or ox, and the liver cells of a calf a week old contain seven times as much iron as the adult animal. The quantity decreases in the first four weeks of life, and at the end of that time reaches about the same proportionate amount as in the adult. The foetal liver cells, there-

fore, bring an abundance of iron into the world to be used up shortly after birth for a purpose not well known, but which one may conjecture is related to the establishment of ærial respiration, in which function hæmoglobin plays so important a part.

Iron is present to a small amount in all foods, varying from 1.4 to 1.7 milligrammes per 100 grammes of substance in white bread, 2.3 milligrammes in milk, 6.2 milligrammes in potatoes, to 40 milligrammes per 100 grammes of substance in spinach. The common dock, *Rumex obtusifolius*, contains as much as 0.447 per cent. of iron, a proportion greatly in excess of that found in any other plant. The iron is present in organic combination analogous to the ferric derivatives of the nucleones. A preparation of iron with nucleins as a base has recently been obtained, which contains as much as 8 per cent. of iron. It is called *Fer Ascoli*. The average quantity of food iron in a mixed dietary does not exceed one-twelfth to one-sixth grain a day, and this small amount suffices to maintain the iron equilibrium of the body. Any excess of iron in the blood is got rid of mainly by excretion from the cæcum and large intestine ; very little is excreted in the urine, not more than 1 to 2 milligrammes a day ; a small quantity is found in the bile, which contains it to the extent of 0.04 to 0.115 per mille, chiefly combined with phosphoric acid.

When a large quantity of iron is given by the mouth it can nearly all be obtained again from the fæces. What takes place is as follows. The iron preparations given by the mouth are in the stomach partially changed to the chloride and then to the albuminate, and pass on to the duodenum, from which the great bulk is carried on to the lower part of the intestines and discharged from the rectum with the fæces, which are black from the presence of sulphides of iron. A small portion is absorbed by the intestinal epithelium and taken up by the leucocytes, which carry it either in solid form or solution to the spleen, where it may undergo some changes, and whence it is taken up by the blood and deposited in the liver and perhaps in the bone marrow. In the liver it is stored for a time, and,

if wanted, is worked up into higher forms, and eventually into hæmoglobin. *Ferratin* is probably one of the intermediate forms, as this is found in quantity in the liver. When there is no deficiency of iron for the formation of hæmoglobin, the liver slowly yields its store of iron to the blood, which carries it to the cæcum and large intestine by the epithelium of which it is excreted. The quantity of iron in the urine and bile is not influenced by the amount of iron absorbed. The liver acts as a storehouse for iron injected hypodermically, and is also the repository for the iron set free in the destruction of red blood corpuscles. A destruction of blood pigments, with a splitting off of compounds rich in iron, seems to take place in the liver in the formation of the bile pigments. Even in invertebrates, which have no hæmoglobin, the so-called liver is rich in iron, from which Dastre and Floresco conclude that the quantity of iron in the liver of invertebrates is entirely independent of the decomposition of the blood pigment, and in vertebrates it is in part so. According to these authors the liver has on account of the quantity of iron in it, a specially important oxidizing function which they call "function martiale" of the liver.

Iron is not absorbed from the unbroken skin. When an inorganic iron salt comes in contact with the tissues it immediately forms an albuminate, liberating the acid with which it is combined. The albuminate is insoluble and forms a protective coating over the tissues to which the iron salt has been applied. Iron has no corrosive action of itself, and therefore any destructive action caused by such salts as the perchloride is due to the liberated acid ion. The formation of an insoluble iron albuminate is the rationale of the use of iron salts as styptics; a plug of iron albuminate is formed that seals the mouth of the bleeding point. As it is necessary that the iron salt should be brought into actual contact with the bleeding point, it is the most useful for capillary hæmorrhage from parts that can be easily seen and reached. The perchloride has been used as an injection into the uterus to arrest post partum and other hæmorrhages,

but this is a most dangerous proceeding, and several cases of fatal embolism have occurred from the precipitated iron albuminate being carried off in the veins. Its employment to cause coagulation and subsequent cicatrization in *nævi* is open to the same objection. The double salts of iron, the albuminous compounds, and organic iron do not precipitate proteids and are, therefore, neither irritant nor astringent.

The great sphere for the therapeutic employment of iron is the condition of anæmia, and especially of anæmia due to deficiency of the hæmoglobin of the red blood corpuscles, *viz.* chlorosis. All schools of medicine use iron in anæmia, and obtain good results. It will cure cases to which iron cannot be said to be strictly homœopathic. Being one of those substances which are an essential constituent of the body, its action is not limited, as is a foreign body, like *Aurum*, for instance, to exciting certain reactions in the cells in its *rôle* as a stimulus, but it also is necessary as a food to one of the body tissues, *viz.*, the hæmoglobin. It might be supposed therefore that iron cures anæmia by supplying to the blood a substance in which it is deficient. No doubt this is so, but it cannot be the whole explanation. An ordinary diet contains plenty of iron for all the needs of the economy. The fault in anæmia must lie not in the lack of sufficient iron in the food, but in the inability of the organism to assimilate it. The question then arises why the ingestion of an additional quantity of iron should stimulate to an increased assimilation organs too feeble to cope with the amount they have already to deal with. It is hard to say, but judging from analogy it probably does so. It seems to be a fact that the organism is, within limits, able to make increased efforts in response to increased demands. A muscle becomes larger and stronger to meet the requirement of heavier work; the heart hypertrophies to meet the demands of an increased circulation or increased peripheral resistance; the remaining kidney, after one has been removed, enlarges to enable it to take on the work of its fellow, and the stomach and intestines increase their secretions

in order to digest a larger amount of food. The increased work demanded is itself a stimulus. In the same way, when the parts of the organism concerned in the elaboration of iron for hæmoglobin have an increased amount of iron given them to work up, they are stimulated by that very increase to rise to the occasion, even though previously they have been languid and inefficient. The process once set going, may so renew the general health as to take away the conditions which originally caused the anæmia. If this happens the improvement will be permanent, but if the original cause of the anæmia, whatever it may be, remain, a relapse will sooner or later take place. A fresh stimulus from more iron may again cause an improvement, but the oftener this is repeated the less becomes the effect produced, till at last no response occurs, the iron assimilating function has become utterly exhausted. The case of anæmia is then most intractable, for the power of assimilating iron has become, for a time at any rate, destroyed, and the treatment has made the patient worse than he was at the beginning.

We see a similar exhaustion occurring from over-stimulation by excess of pabulum in the case of other constituents of the body, e.g., chloride of sodium. A person who habitually takes too much salt may cause in himself a train of symptoms indicative of a want of salt in the cells, although the fluids by which the cells are bathed may be saturated with it. Therefore, unless a case of anæmia is one to which *Ferrum* is homœopathic, iron must be used cautiously, for if it fails to act as a stimulus when given in bulk it is likely to fail badly. When, however, the case is one to which *Ferrum* is truly homœopathic it can be given without any fear of evil consequence and with certainty of curative effect. It is then given, not in bulk but in minute doses, and acts, not by a call to increased effort on the part of the iron-assimilating function, but by a subtle rectification of vital processes. To ascertain to what cases of anæmia *Ferrum* is homœopathic we must study the provings. These are recorded in the "Cyclopædia of Drug Pathogenesy." Hahnemann



himself, and three others, made the original provings, and their 261 symptoms, with thirty-seven from seven authors, are recorded in the *Materia Medica Pura*. Provings were also made by five of Rademacher's followers and by the American Provers' Union. Hahnemann's proving was made with the acetate.

The first effect experienced by the provers was a feeling of increased energy and well-being, with some fulness and heat in the head, and much increased appetite, but this was soon followed by the reverse condition of loss of vigour, lethargy, a tired feeling and a tendency to chilliness. The effect on the mind after the primary condition of buoyancy was to induce ill-humour, a looking on the dark side of things, a tendency to exaggerate trifles, and an impatience of obstacles and hindrances which unduly annoyed. The provings further showed that with *Ferrum* the circulation is irregularly excited, giving rise to arterial congestions with dilatation of the blood vessels. From this latter cause pulsation may be felt in special localities or all over the body (*Puls.*, *Glon.*). The pulse is full, soft, and of low tension, differing from the typical Aconite pulse, which is tense and bounding. The arterial congestion is felt most in the upper part of the body, in the head and chest. The headaches are congestive and throbbing, and are felt especially in the forehead, but there may also be aching and fulness in the occiput with an aggravation on coughing. Giddiness, with a tendency to fall forward and which is worse on descending (*Borax*), and a balancing sensation when looking at running water. The headaches are worse from movement, especially on rising from a lying position, and worse from mental exertion; they are relieved by pressure and by cold air and cold bathing.

The face flushes easily from pain or from the least emotion, and a red face accompanies the headache, the redness often being circumscribed, and though the face is hot it is less hot than red. When there is no pain or emotion the patient's face is pale, ashen, or earthy, but it flushes at the least provocation. Another symptom indicating rush of blood to the head is

epistaxis, which occurs usually from one nostril only. There may also be buzzing in the ears.

The arterial congestion produced by iron in the chest is shown by an oppressed constricted feeling over the sternum with sensation of want of air, various shifting pains in the chest, and an irritable cough from tickling in the larynx or behind the sternum, better from lying down and from food, worse from movement. The congestion may be sufficient to induce hæmoptysis, either of pure blood, or of blood mixed with mucous expectoration. With each cough there is often pain in the occiput. Another *Ferrum* cough is one associated with digestive disturbance, it is excited by a meal, and is associated with vomiting of food. The cardiac disturbance is shown by palpitation, which is worse from sudden motion, but like many other symptoms of *Ferrum* is relieved by walking slowly about (*Gels.*, *Magnes. mur.*). The excited condition of the circulation underlying these head and chest symptoms is not long sustained, but alternates with the reverse condition of anæmia of those regions; the arteries from being too full, become too empty, there is pallor, and the blood tends to accumulate in the veins, producing a venous plethora such as is characteristic of *Pulsatilla*.

It is well known that the salts of iron are liable to upset the digestion and to injure the teeth, and it is largely on this account that the organic preparations of iron have been introduced to medicine as they exert no local action on the teeth and mucous membranes. But iron causes symptoms referable to the digestive tract apart from any topical action. The tongue is coated with a white or brownish fur. The taste is bitter, or sweetish, as from blood, or of rotten eggs. The appetite is capricious; there may be ravenous hunger, which was the first effect experienced by many of the provers, or there may be complete anorexia; similarly there may be unquenchable thirst, or thirstlessness, and these states may succeed one another. Longing for acids or for beer, which disagree; appetite for bread and desire for stimulants which agree. Distaste for meat, which lies hard and heavy in the stomach. Eggs disagree and often cause vomiting.

This is interesting, seeing that the hæmatogen found in the yolk of the egg is an organic iron compound. Food is preferred cold. Eructations, sour or bitter. Food lies heavy in the stomach and causes pressive or cramping pain. There may be vomiting which occurs immediately the food is taken, or it lies for hours in the stomach to be finally vomited, often at midnight. The abdomen feels hard and distended and sore as if bruised. Frequent rumblings and pinching pains, relieved by evacuation of stool and wind. The primary action of *Ferrum* is to cause a more frequent action of the bowels or diarrhœa, which is excited by taking anything into the stomach, so that we get the singular symptom "diarrhœa while eating," which is characteristic of *Ferrum*. If there is no looseness there may yet be frequent ineffectual urging to stool, and in children this may cause prolapsus recti for which *Ferrum* is a good remedy. The diarrhœic stools often contain undigested food, or they may be slimy or bloody. Constipation is a secondary symptom; it may be accompanied by bleeding hæmorrhoids and evacuation is followed by painful backache. These symptoms occurring in the alimentary system, are common in anæmia, and it is in cases where there is a deficiency in the hæmoglobin of the red corpuscles, and where the circulatory and alimentary symptoms described above are present that *Ferrum* is homœopathic to anæmia, and will cure it in infinitesimal doses. Farrington recommends *Ferrum* in the gastroenteritis of children, with lenteric stools, when the stools occur about midnight. 12 p.m. is one of the times of aggravation of *Ferrum*, and applies both to vomiting and diarrhœa.

The irritability of the bowels has its parallel in irritability of the bladder. There is a greatly increased desire to pass water with difficulty in some instances in retaining it. This is experienced whilst standing or walking, and is relieved by lying down, when the pressure of the urine is taken off the neck of the bladder. The incontinence is diurnal only, and this peculiarity is the indication for its use in incontinence of urine in children, and in the diurnal weakness and incont-

ence that occurs in old men with enlarged prostates, and is probably due to the congested condition of the veins about the neck of the bladder. The picrate of iron is best in these cases.

In the female sexual system the chief symptom produced is menorrhagia. The menses are too late, too long lasting, and too profuse; the flow is of pale, watery, or of bright red blood, often mixed with coagula. The menses are apt to intermit two or three days and then return; they are preceded by headache with ringing in the ears and flushed face, also by leucorrhœa. There are physical languor and mental depression, and during the first day or two, bearing down with sharp pains in the abdomen. Pain in the os uteri on lying down. The cases of menorrhagia for which iron is suitable, generally occur in anæmic girls with bright red cheeks, the menorrhagia being the cause of the anæmia, and the phosphate is the salt most used in these cases. *Ferrum* is also useful for amenorrhœa, when the amenorrhœa results from the kind of anæmia to which iron is homœopathic, viz., anæmia with irregular circulatory disturbances, red flushed face, pallid mucous membranes, breathlessness, and with red corpuscles deficient in hæmoglobin.

*Ferrum* causes a few rheumatic-like pains in the limbs, notably in the shoulders and upper arms, and has a special relation to the deltoids, paralysis and wasting of which it has cured. The pains are often paralytic (benumbing), are worse at rest and better for slow movement.

The fever of *Ferrum* is characterised by thirst and red face occurring during the chill. The perspiration is copious, has a peculiar odour, and stains yellow. The general characteristics of *Ferrum* are excessive irritability of mind and tissues with over sensitiveness to pain and to noises; a restless feeling, must keep the limbs moving. The symptoms mostly come on during rest, and though they are aggravated by any sudden or violent movement, they are usually relieved by walking about slowly. They are apt to come on at midnight, or soon afterwards. The patient dislikes the cold and cold weather and likes to be in a warm

room, and in warm air, the pains are better for warmth, except those in the head, face, and teeth, which are relieved by cold and in the open air. The asthmatic breathing also is relieved by uncovering the chest. There is general or local pulsation and the pains take on a throbbing character. Congestions tend upwards with hot head, red face, and cold feet and hands.

*Ferrum* is often indicated in complaints caused by loss of animal fluids, and is antidotal to the effects of quinine, tea, and alcoholic drinks.

The iron element so overshadows the acid in the salts of iron that there is very little difference in their pathogeneses and therapeutic applications. The principal salts used in medicine are as follows :

*Ferrum Arsenicum.*  $\text{Fe}_3,2\text{AsO}_4$ .

This salt combines the properties of iron and arsenic. It has been used successfully by Dr. P. C. Majumdar in cases of enlarged liver and spleen, with fever, in malarial cases that had been suppressed but not cured by *Quinine*.

*Ferrum Bromatum.*  $\text{FeBr}_2$ .

This was proved by Dr. Sarah N. Smith, of New York, in the sixth dilution, and caused in her much heaviness and weight in the uterus, with sticky excoriating leucorrhœa ; also numbness of the scalp. It would be indicated in uterine congestions.

*Ferrum Iodatum.*  $\text{FeI}_2$ .

The *Iodine* element in this salt is shown by the profuse nasal discharge, and by the more pronounced amelioration in the open air and the aggravation from warmth. It corresponds more particularly to scrofulous affections, to glandular enlargements and to tumours. It has an influence on the ovaries, and there are bearing down, retroversion, or prolapse of the uterus, and leucorrhœa like boiled starch. Peculiar symptoms of  $\text{FeI}_2$  are "food seems to push up into the throat as if it had not been swallowed" ; "sweet smelling urine," and a boring, twisting sensation in the rectum.

Dr. P. C. Majumdar has used it with success in cases of enlarged liver and spleen unaccompanied by fever (with fever *Fer.-ars.*).

*Ferrum Magneticum.* Sesquioxide of Iron.  $\text{FeOFe}_2\text{O}_3$ .  
This is practically identical in symptoms with *Fer. met.*, *Fer. carb.* and *Fer. acet.*

*Ferrum Muriaticum.*  $\text{FeCl}_2 \cdot 4\text{H}_2\text{O}$ .

A solution of this salt is the old "steel drops" so much used formerly in anæmia. It is also the iron salt most frequently used as a local application to arrest hæmorrhages. It is mainly a right-sided remedy and is more apt to produce hæmorrhages than others of the iron salts, except the phosphate.

*Ferrum Pernitricum.*  $\text{Fe}_2,6\text{NO}_3$ .

This has been used as an astringent in cases of diarrhœa in phthisis and scrofulous children.

*Ferrum Phosphoricum.*  $\text{Fe}_2(\text{PO}_4)_2$ .

*Ferrum Phosphoricum Hydricum.*  $\text{FeHPO}_4$ .

The first of these is Schüssler's *Ferrum Phosphoricum*. The phosphorus element accentuates the tendency to bleeding due to the iron. *Ferrum Phosphoricum* has been used by Schüssler in the place of *Aconite* in inflammations. The chief difference between the two drugs is that with *Aconite* the pulse is tense and bounding, while with *Ferrum phos.* it is full and soft. The mental anxiety and restlessness characteristic of *Aconite* are less in evidence. *Ferrum phos.* is a notable mineral constituent of *Aconite*. The aggravations from cold are marked.

*Ferrum Picricum.*  $\text{C}_6\text{H}_2(\text{NO}_2)_3\text{OFe}$ .

This drug was introduced by Cooper. It has not been proved, but has definite leading indications, the picric acid element giving it distinguishing features. It acts on the liver and is suitable for persons with dark hair and eyes, bilious-looking, and with dirty looking skin, especially about the joints. It is especially indicated for warts on the hands. Cooper used it for "vascular" deafness, and it cures boils in the meatus of the ear. It has a specific action on the prostate, and is beneficial in senile hypertrophy of that organ. Effects of fatigue.

*Ferrum Protoxalatum.*  $\text{C}_2\text{O}_4\text{Fe}$ .

This has been much used on Dr. Galley Blackley's recommendation for anæmia.

*Ferrum Sulphuricum.*  $\text{FeSO}_4 \cdot 7\text{H}_2\text{O}$ .

The *sulphuric acid* character appears in the acidity, and in the eructations of food in mouthfuls.

## SCHEMA.

*Mind.*—Mental and bodily energy increased at first, depressed afterwards. Ill-humoured; intolerant of hindrances and annoyances.

*Head.*—Confusion and heaviness in the head. Vertigo on descending; on looking at running water; on walking. Rush of blood to the head, veins of head swollen, with flushes of heat in the face. Hammering and pulsating pains in the head; has to lie down. Pain in the occiput when coughing. Scalp and hair painful to touch; falling out of the hair. Headache confused and heavy, < warm room, smoking, wearing hat, reading, writing, motion; > in open air, sitting, or standing in a draught (*Fer. iod.*). Frontal headache followed and relieved by epistaxis (*Fer. phos.*).

*Eyes.*—Eyes cloudy, dull and watery, with blue rings round them. Eyes red with burning pain. Blinding headache—hemipia (*Fer. phos.*).

*Ears.*—Buzzing in the ears. Deafness (*Fer. picric*). Boils in the meatus (*Fer. picric*).

*Nose.*—Epistaxis, chiefly from one nostril. Nose stopped from chronic catarrh, discharge copious, thick, and yellow or green (*Fer. iod.*).

*Face.*—Fiery redness of the face, with burning cheeks, lips pale. The veins of the face enlarged. Face earthy or pale and wan with sunken eyes. Lupoid wart on the face (*Fer. picric*).

*Mouth.*—Tongue white or yellow. All solid food tastes dry and insipid; sweetish taste as of blood.

*Throat.*—Feeling of constriction in throat. Tickling and scraping in throat with sense of suffocation; hawking of mucus (*Fer. iod.*).

*Desires and Aversions.*—Want of appetite alternating with bulimy; insatiable thirst or absence of thirst. Desire for acids and beer which disagree; desire for brandy. Aversion to meat; to sour things. Bitter taste of food.

*Stomach.*—Pressure or crampy pain in stomach after food. Bitter, greasy, or putrid eructations, especially after fatty food. Nausea with inclination to vomit during a meal. Vomiting of food immediately after a meal or at night, often at midnight; vomited matters sour and acrid. Intolerance of eggs, of meat. Hæmatemesis (*Ferrum phos.*).

*Abdomen.*—Inflation and hardness of abdomen. Liver and spleen enlarged and sensitive. Cramps in splenic region. Colicky pains < food > stool, not influenced by movement. Rumbling. Pulsation in abdomen. Soreness or bruised feeling of abdominal walls < touch or cough. Spasmodic constriction of abdominal muscles causing pain in straightening from the bent position.

*Stools and Anus.*—Frequent diarrhœa; stools watery with or without pain and tenesmus always associated with much flatus and < after food or drink. Diarrhœa painless, of undigested food, involuntary during a meal. Tenesmus recti accompanying tenesmus vesicæ. Prolapsus ani in children. Costive; stools hard and difficult, followed by severe backache. Ascarides. Stools of pure blood, bloody mucus or slime < midnight to morning (*Fer. phos.*).

*Urine.*—Tickling in urethra extending to neck of bladder. Urinary tenesmus, frequent micturition. Involuntary urination, especially by day < standing > lying down.

*Male Sexual System.*—Increased sexual desire with frequent erections and pollutions. Impotence. *Enlarged* prostate gland. (*Fer. mur.*, *Fer. picric.*).

*Female Sexual System.*—Menses too late, too long-lasting, and too copious; blood at one time liquid, at another coagulated. Menorrhagia with labour-like pains and fiery redness of face. Catamenia feeble and of pale blood. Amenorrhœa. Pain in os tincae on lying down. Vagina dry, coition painful. Leucorrhœa mild, milky, with itching or soreness. Constant bearing down; retroversion of uterus (*Fer. iod.*). Menses every three weeks, profuse (*Fer. phos.*).

*Respiratory System.* Hoarseness and roughness of throat. Difficult breathing and oppression of the chest



as of a weight upon it. Spasmodic cough from tickling in the trachea, with expectoration of tenacious and transparent mucus. > after food.

Cough after a meal with vomiting of food. Cough < moving, > lying down. Pain in occiput, with cough and shootings in the chest. Asthma after midnight, compelling to sit up, > walking and talking. Constrictive spasms in the chest wall, < walking or movement. Expectoration scanty, thin, frothy, with streaks of blood, or copious, putrid, greenish. With each deep inspiration or cough a pleuritic stitch (*Fer. phos.*). Hæmoptysis (*Fer. phos.*). Whooping cough (*Fer. phos.*).

*Heart and Circulation.*—Palpitation, < least exertion, > walking slowly. Excited action of heart; soft bellows sound at apex; Venous murmurs. Blood-vessels throb all over the body.

*Neck and Back.*—Severe pain in back after a hard stool.

*Limbs.*—Tearing (paralytic) pain between the shoulder-blades at night, extending into the left upper arm, improved gradually by slow movement. Shootings and tearings; paralytic weakness and heaviness in the shoulder joint and upper arm; paralysis of deltoid muscle. Pain in the right wrist. Tearing and shooting from hip-joint to tibia, < at rest and in bed. Cramps in calves, in soles of feet, in toes, < rest, especially at night. Weary feeling in all the limbs. Cracking in the joints.

*Skin.*—Warts on hands (*Fer. mur.*, *Fer. magnet.*). Warts multiple, pedunculated; sensation as if wart were growing on thumb (*Fer. picric.*). Dirty-looking skin about joints (*Fer. picric.*).

*Sleep.*—Excessive and drowsy fatigue with restless sleep at night. Sleep disturbed by very lively and anxious dreams. Dreams of long past events, of fighting, of thieves, that he has grown larger and surrounding things are insignificant (*Fer. iod.*).

*Chill, Fever, Sweat.*—Frequent short attacks of chilly shivering. Chill with thirst and red hot face. Dry heat with inclination to throw off the covering. Fever with congestion in the head, puffed eyes,

swollen veins, vomiting of food, short respiration and general weakness. Sweat profuse, long lasting, clammy, debilitating, stains yellow, fœtid on going to sleep.

*Generalities.*—Great weakness and prostration, very easily fatigued. Emaciation. Pseudo plethora; congestions, etc., yet anæmic. Increased body irritability, excitable, restless. Sensitive to cold and cold air; better in a warm room. Most symptoms < night and during rest and sitting, > moving slowly about.

#### RELATIONS.

The drug that has the closest relation to *Ferrum* is *Pulsatilla*, which antidotes its injurious effects, and which resembles it in its generalities, in the symptoms of the alimentary tract, and in its action on the venous circulation and the prostate.

*Rumex crispus* has many symptoms similar to *Ferrum*, especially in the respiratory and digestive spheres. A very closely related plant, viz., the common English Dock, *Rumex obtusifolius*, has a larger percentage of organic iron in its composition than any other known plant. It is probable that the American Dock, *Rumex crispus*, which is of British origin, but acclimated in America, contains a large amount of organic iron also.

*Acon.*, *Bell.*, and *Graph.* resemble *Ferrum* in the rush of blood to the head, with a red face.

*Acon.* resembles *Ferrum*, and especially *Fer. phos.*, in symptoms referable to the circulation, but the *Aconite* pulse is tense, while the *Ferrum phos.* pulse is soft and of low tension.

*Cinchona* resembles *Ferrum* in its general weakness, headaches, abdominal symptoms and diarrhœa, and in its suitability for states caused by loss of animal fluids, e.g., hæmorrhages, seminal losses, etc. *Cinchona* and *Ferrum* antidote each other.

*Rhus* and *Lycopodium* resemble *Ferrum* in their limb pains being > from movement.

*Borax* has vertigo on descending, like *Ferrum*.

Flatulence, pain and stool < food and drink. *Aloes*, *Coloc.*

Watery, painless, odourless diarrhœa. *Cinch.*,  
*Podoph.*

Cough > lying down—*Mangan.*

Cough > after eating.—*Anacard.*, *Spong.*

Dyspnœa with oppression of chest—*Nux.*, *Phos.*

Thirst during chill.—*Ignatia.*

Bad effects of tea.—*Selen.*, *Thuj.*

Beer and tea are incompatible with *Ferrum.*

## SOME THOUGHTS ON "NERVES."

BY A LAYMAN.

It is impossible to eliminate from human life its sorrows, struggles and sins. All of us, whatever our position in the world, have to pass through these experiences. Indeed, one might say, that the amount of trouble and struggle in life is, roughly speaking, a constant quantity. For it seems to be true that those who have least of the outward difficulties of life have most of the inward.

To the normally constituted human being these trials come: they produce in him, for a time, sadness, humiliation and often lowered health. He goes on with his daily life and Time the great healer, gradually restores to him health and *joie de vivre*.

There is, however, an increasingly large class of people whom the ordinary struggles of life seem to overwhelm. These are highly-strung, sensitive, capable alike of the keenest enjoyment and intensest suffering; their constitution seems to be poised on wires so that the least disturbing element, either of mind or of body, upsets its equilibrium. What the race-horse is among horses, so are they among human beings. For some reason, often hereditary, they lack nervous stamina, and if health has to be maintained, must live under certain conditions, physical and mental.

It is from this class of people that the ranks of those whom doctors call neuropaths, neurotics, neurasthenics are recruited; and the army is indeed becoming legion. Physicians have done, and can do, a great deal

for these men and women ; but it is not simply a matter for the medical profession. No one among the cultivated or working classes lives without coming into contact with a number of cases of neurasthenia among his relations and friends ; or perhaps he himself is a sufferer from "nerves." So much depends in these cases on conditions which are not purely medical that it is a layman's as much as a doctor's problem. In this generation, as in the first, man is still to a large extent his brother's keeper.

The cause of functional nerve disease is unknown. To quote a celebrated physician : "By functional disturbances we mean those that do not rest upon any perceptible anatomical changes, *i.e.*, those whose foundations in the central nervous system we cannot recognise at all anatomically. It is a doubtful expression, for it is clear no functional disturbances could take place without at least a molecular disturbance in the nerve current, and this in turn is not conceivable without some change in at least the chemical action of the living nervous substance." The writer, speaking to a doctor of wide experience a short time ago said, "I don't understand this nerve business at all." "No," replied he, "neither do I ; none of us do. Something happens, but we don't know what." To confuse therefore, as many do, nervous with imaginary disease is an absurdity.

It will be a shock to many to be told that practically all functional nerve disorders originate in the brain. This organ is the seat of the mischief, hence its health is the object at which we must aim.

There is no need to go into the symptoms of nerve disorders—prostration, irritability, illusions, aches and pains, disturbances of various functions, and a thousand and one other signs of illness may each or several be present.

On the physical side a great deal can be done, for anything that improves the health of the body improves that of the brain. So fresh air, sunshine, good food, rest, exercise or massage are a great help ; and must in fact be the physical basis of psychological treatment. Material surroundings are, however, easy to procure

compared with the difficulty of obtaining ideal mental conditions.

The great essential for all nerve cases is an atmosphere of sympathy. Here I know I contradict the most loudly asserted of all theories with regard to "nerves," *i.e.*, "Give no sympathy." There could be no greater fallacy than this; nothing rests the nerves, soothes the spirit and takes away self-centredness so much as true sympathy. Almost all neurotics are hypersensitive, so much so that they feel the spirit and the thoughts of those around them without a word being uttered. A censorious thought half a mile away is enough to make a nerve case suffer intensely. If those who looked after the nervously sick realised this, I venture to say there would be fewer suicides and fewer patients in our asylums. This is said by one who realises to the full how very trying nerve patients can be to those around them. For this reason the critical element in home life—so valuable under ordinary circumstances—is very hurtful to nervous invalids, hence the advice to remove patients from home is almost always given. It is sad that this should be necessary; perhaps in the future it will be thought worth while to study sympathetically the psychology of even our own people.

Suggestion in all nerve cases is a powerful factor, and is coming more and more into the science of therapeutics; and on these lines the thoughts of those around a patient can be of the greatest help. Believe a neurotic is going to be brave, and in nine cases out of ten he will be; believe he is struggling and he will go on struggling. A wise doctor will constantly suggest to his patient thoughts that will help him. The right kind of person to look after a nerve case it is difficult to find. Perhaps people who themselves have suffered from "nerves" and conquered them, are the most suitable. At any rate it must be some one of fine perceptions, cheerful outlook and a knowledge of the subtle sufferings of neurasthenics; who also possesses patience and a clear realisation of the slow restoration of nerve force.

Recovery, however, depends chiefly on the patient

himself. Conditions can never be ideal, and the sufferer must make the best of those he can obtain. One of the great factors in illnesses of this kind is knowledge. The patient should learn the meaning of his condition and the factors of his recovery—physical, mental, and moral. He must realise that from first to last the effort to get well will be a great struggle. If he knows the cause of his sickness, he must try to remove it, if possible. Often at the root of illnesses of this kind is something that weighs on the mind ; a sin unconfessed, remorse for some deed in the past, a love-trouble, and many other distressing elements. The patient should set right anything that can be set right, and for the rest "leave the dead to bury their dead." Remorse for deeds that cannot be altered is an evil to be banished from the mind. Unless the root cause is dealt with in either of these ways recovery will necessarily be retarded.

A sane, well-balanced life is one of the great necessities to a nervous invalid—and also one of his greatest difficulties. He prefers, as a rule to do things by fits and starts—to rise early to-day and late to-morrow—to put in a long, hard day's work and follow it up by several days of idleness. All this must be changed, and a regular life substituted. This is entirely the patient's responsibility, as no one else can do it for him.

Perhaps in all cases except those of prostration, congenial daily work is one of the greatest aids to a healthy life ; especially good is compulsory work, for which the patient receives remuneration, as in that case it becomes simply a question of common honesty for the patient not only to be *at* his duties, but fit for them. Definite, regular duties are a check, too, on the frittering away of energy, which is such a marked fault in all "nervy" people. Hobbies, games, healthy interests, especially out-of-door ones, are particularly desirable for neurotic people.

One of the greatest *bêtes-noires* of neuropaths is public opinion. All of us live in a society where by very reason of our position certain things are expected of us. The neurotic, however, must avoid looking on

life through other people's eyes. What they expect of him may be right or not ; it is he himself who must decide. "If thy right hand offend thee, cut it off," is to the neurotic very wholesome advice. This acting in defiance of other people's opinion is often a great strain on those of a nervous temperament.

Perhaps, however, the greatest aid to recovery in nerve disease is real religion. Nothing else can adjust in the same way the proportions of life. Nothing can rest the spirit so effectively as the realisation of God as a great, loving Father. Again, the pursuit of the Christian ideal of life itself leads to the conquering of nerves. The subduing of unholy feelings and emotions, consideration for others, forgetfulness of self, dwelling on pure and holy thoughts all make for health. Religious feeling should, however, be carefully guarded and controlled by reason. Hysterical ecstasies, fasting, spiritualism and all "occult" sciences should be avoided by the neurotic. The writer has known a person suffering from extreme prostration walking miles to speak at a meeting, because he felt it was the will of God he should do so. This was followed by a long illness, which caused great trouble and anxiety to his friends. When a man is in doubt whether a command is in reality the voice of God, or an impulse of his own hysterical nature, his sense of duty is the safest guide.

The writer is conscious that he has barely touched on the subject of "nerves." He has in his mind chiefly the higher type of nerve cases, such as one finds among intellectual men and women, who fail in life from the lack of knowledge of how to live. He has met with no greater tragedies than those which are caused by this nerve curse of modern times. Among these tragic failures are some of the ablest men and women :

From whose hands slipped the prize they had grasped at,  
who stood at the dying of day  
With the wrecks of their lives all around them.

To do something to prevent this waste of valuable lives is a task to which we are all called.

### A SPIGELIA CASE.

T. MILLER NEATBY, M.A., M.D. (Cantab.), Assistant Physician to the London Homœopathic Hospital.

M. S., æt 30, qualified nurse, came to me on December 13th, 1912, complaining of severe headaches of two years' duration, dating from an attack of "ophthalmia and erythema." Until lately they had been catamenial in their periodicity, but they had now been constant since the last monthly time. The pain was concentrated on the left side of the head, left eye and down the back of the neck, > hot fomentations on back of neck, < noise, movement, stooping, study; not relieved, even temporarily, by *Aspirin* or other ordinary treatment. Appetite good, bowels regular. Catamenia regular but scanty. Patient lies mostly on right side. Denies having had rheumatism (but was her "erythema" of two years ago rheumatic in nature?). *Spigelia* 6, *t. d.*, an hour before meals. A fortnight later she said she had been free from the headaches for the last eight days. *Sacc. Lac. t. d.* I have just heard by letter under date May 13th, that she is going to Australia. She has had no return of the headache, but wishes to have the name of the medicine which "acted almost miraculously, curing my headache with two or three doses."

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### NOTIFICATIONS.

•• Under this heading we shall be happy to insert notices of appointments, changes of address, etc., and holiday arrangements.

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#### DR. CLIFTON HARRIS.

DR. CLIFTON HARRIS has removed to 32, *Vernon Terrace, Brighton*. At home 2 to 3 daily except Thursdays. Tel. 4752 Brighton.

#### DR. J. G. HARE.

DR. GILBERT HARE, Pathologist to the London Homœopathic Hospital will attend by appointment any day between 12 and 1 (except Saturday) at 107, *Harley Street, W.* for the purpose of making Pathological Examinations. Tel. 3868 Mayfair.



## THE LONDON HOMŒOPATHIC HOSPITAL.

THE Queen Alexandra Appeal Fund for which the Board of the Hospital earnestly appeal to all patients of Homœopathic Physicians, to unite in raising the sum of £16,675 to replace deficits on the years working of 1905 to 1911, and to complete the payment of the New Nurses' Home has now reached the sum of £11,610. The Board has decided if the whole amount is raised, with the gracious consent of Her Majesty to name the New Children's Ward in the Sir Henry Tyler Wing—not yet opened for want of the necessary maintenance funds—the Queen Alexandra Ward, and by so doing to raise a fitting commemoration in the hospital to perpetuate our Queen Mother's devotion to the Empire, and kind, practical and sympathetic help rendered to the cause of voluntary hospitals by her prodigal output of service, time and advocacy. The Hospital already has its King Edward VII. Commemoration Ward, and the Queen Alexandra Ward would form a fitting commemoration of the fiftieth anniversary of Her Majesty's arrival in England. That the appeal will be readily responded to, the Board believe from the support already given. Already some notable promises have been received from members of the Board itself; the best testimony to the good work of the hospital and the deserving nature of the present appeal. The Right Hon. Lord Dysart (in addition to previous munificent gifts) has promised the last £1,000, on condition that the whole of the amount of £16,675 required be fully subscribed by December 31st, 1913. There may be a number of Friends of the hospital who are entirely in sympathy with this Appeal, but who cannot put down a considerable sum at once, but who would be willing to give a larger sum if payment was extended over a few years. For their convenience promises may, if preferred, be payable in three yearly instalments during 1913, 1914, 1915. A contributor to the Appeal Fund of not less than £750 in one sum will have the privilege of naming a cot in perpetuity in the Queen Alexandra Ward, and of nominating children to occupy it, subject to the laws of the hospital. Who will be the first benefactor

to endow a cot either for a boy or a girl? There are ten cots to be endowed, and a photo of each cot with its brass name plate as endowed will be sent to Queen Alexandra. Cheques should be crossed the Union of London and Smith's Bank, and be made payable to the London Homœopathic Hospital. Donations or promises may be addressed to any of the following, or to any of the Medical Staff or any Homœopathic Physician. Donoughmore (Treasurer) John P. Stilwell (Chairman). James Clifton Brown (Vice-Chairman), W. H. Trapmann (Vice-Treasurer), R. Henryson Caird, (Chairman of the House Committee), John G. Blackley (Senior Physician), Giles F. Goldsbrough (Chairman of the Medical Committee), Charles E. Wheeler (Medical Members of the Board of Management), Edward A. Attwood (Secretary).

QUEEN ALEXANDRA APPEAL LIST FOR £16,675.

*List of Donations Already Received.*

	£	s.	d.
A. E. K. . . . .	100	0	0
Alderson, Miss . . . . .	1	0	0
Amos, Louis J. V., Esq. . . . .	1	1	0
Amos, Louis J. V., Esq. . . . .	1	1	0
A Sufferer . . . . .	4	0	0
Atkins, F. A., Esq., per Dr. Blackley . . . . .	20	0	0
Baxter, Mrs. . . . .	1	1	0
Boorman, Mrs. . . . .	5	0	0
Bradbury, Miss . . . . .	1	1	0
Brazil, Walter, Esq. . . . .	1	1	0
Brown, Colonel Jas. Clifton . . . . .	100	0	0
Browne, Mrs. Montagu . . . . .	1	1	0
Childe Pemberton, Miss Harriet L. . . . .	10	0	0
Chute, Miss Maria . . . . .	10	0	0
Chute, Miss Maria . . . . .	10	0	0
Crosthwaite, Mrs. . . . .	2	2	0
Crump, E. Compson, Esq. . . . .	1	1	0
Cundy, Mrs. . . . .	100	0	0
Dalton, The Rev. W. G. . . . .	1	1	0
Dawson, Mrs. Robert, per Dr. E. A. Neatby . . . . .	20	0	0
Ditmas, Colonel F. F., R.A. . . . .	1	1	0
Duke, Roger, Esq. . . . .	1	0	0
Endicott, S. W., Esq. . . . .	10	6	0
Farmer, W. F., Esq. . . . .	1	1	0
Gardner, Mrs. E. J. . . . .	3	3	0
Grurgeon, J., Esq. . . . .	2	0	0
Hall, E. T., Esq., F.R.I.B.A. . . . .	15	15	0

318 LONDON HOMŒOPATHIC HOSPITAL. [Homœopathic World.  
July 1, 1913.]

	£	s.	d.
Hartridge, Miss F. .. .. .	2	2	0
Herries, Lady .. .. .	10	0	0
Howard, Joseph, Esq. .. .. .	2	2	0
Kemp, Miss E. C. .. .. .	2	0	0
Kintore, The Dowager Countess .. .. .	5	0	0
Macfarren, Miss Julia .. .. .	1	1	0
Maynard, Miss .. .. .	9,000	0	0
Minter, Mrs. .. .. .	10	0	0
Mocatta, Mrs. .. .. .	1	0	0
Montagu, The Hon. E. .. .. .	3	0	0
Muir, Miss H. R. to maintain a bed for six months for Cancer Treatment .. .. .	50	0	0
Newbury, The Misses .. .. .	5	0	0
Newman, A. J., Esq. .. .. .	1	1	0
O'Hagan, The Dowager Lady .. .. .	3	3	0
Partridge, Miss S. S. .. .. .	3	0	0
Pearson, Mrs. J. R. .. .. .	2	2	0
Potter, Mrs. .. .. .	5	0	0
Pouncey, H. F., Esq. .. .. .	5	0	0
Prescott, H. W., Esq. .. .. .	100	0	0
Rowcliffe, Mrs. .. .. .	1	0	0
Sheard, Mrs. .. .. .	1	0	0
Shotton, Mrs., per Dr. E. A. Neatby .. .. .	12	2	6
Smith's (Kensington Estate) Charity, The Trustees of .. .. .	200	0	0
Stewart, Miss Annie .. .. .	10	0	0
Stilwell, John P., Esq., J.P. .. .. .	10	10	0
Sutro, E. S., Esq. .. .. .	1	1	0
Taylor, Miss .. .. .	1	0	0
Taylor, T. Esq. .. .. .	2	2	0
Tidmarsh, Mrs. .. .. .	1	1	0
Wagstaff, M. A., Esq. .. .. .	1	1	0
Warburton, John, Esq., per Dr. Blair .. .. .	2	2	0
Weaver, Miss S. A. .. .. .	1	0	0
Weekes, Mrs. S. .. .. .	1	0	0
Wellesley, The Hon. Mrs. .. .. .	5	5	0
Williams, Miss E. .. .. .	10	0	0
Wills, Mrs. W. Melville .. .. .	50	0	0
Worsley, Mrs. .. .. .	1	0	0
	£9,860	16	0
The "Maynard" Bed Endowed by Miss Maynard per Dr. Byres Moir in the paying wards to enable indigent ladies of the Governess class to be received into these wards at a reduced payment .. .. .	1,000	0	0
The "Washington Epps" Cot Endowed in the Barton Ward by the family and friends of the late Dr. Washington Epps .. .. .	750	0	0
Provisionally promised by Lord Dysart if the whole amount be raised by December 31st, 1913 .. .. .	1,000	0	0
	£12,610	16	0

## SOCIETY'S MEETING.

### BRITISH HOMŒOPATHIC SOCIETY.

THE ninth meeting of this Session was held on June 5th, Dr. E. B. Roche, the President, being in the chair. Dr. M. Hardie and Dr. Younan were elected members and Dr. Schaeffer and Dr. Ray proposed for membership. The business of the evening was a display of clinical specimens and cases by Dr. Blackley, Mr. Eadie, Mr. Wright, Dr. Burford, Dr. Day, Dr. Goldsbrough, Dr. Green, Dr. Hall Smith, Mr. Hey, Dr. Kennedy, Dr. MacNish, Dr. Schaeffer, Dr. P. Purdom, Dr. E. Roche, and Dr. M. Tyler. Of these, two cases very interesting from the point of view of treatment were the following :

#### NEURALGIA. (Shown by Dr. Day.)

R. W., aged 50, male. First seen October 3rd, 1912. Severe right trifacial neuralgia accompanied by profound nerasthenic melancholia and suicidal (at times). Pain periodic, 5 to 7 p.m., acme. Intense mental gloom and depression. *Arsen. alb.* 30, *Ignatia* 30, relieved, but the east winds caused agonising pains. Sea-water treatment commenced in November. Steady improvement after years of hopeless treatment. The pain used to be of the most severe kind, and radiated from the head down arms and hands as if his nails were being pulled out. On January 9th, 1913, the neuralgia was much better and had two days entirely free. April 3rd, the mental state so different—the terrible gloom has gone ! Has no pain now, only a sensation “like a tooth out of order.” April 24th, mental gloom all gone. No pain only “a twist now and again” like an aching tooth. Treatment : Isotonic sea water (50 c.c. to 75 c.c.), *Puls.*, *Sulphur* 30 *n. et m.* Patient shown.

#### CHARCOT'S KNEE (Shown by Dr. Hall Smith.)

Woman, aged 65. Gradual swelling right knee since July, 1912. First seen October, 1912, when right knee tense and much enlarged ; whole right leg and ankle extremely swollen. Knee-jerks absent. Argyle-

Robertson pupil. Wassermann reaction positive. Swelling of legs subsided in two months under *Bryonia* 30 and *Sulphur* 200. -In February, 1913, had two doses of *Syphilinum* 200, which has been repeated at monthly intervals. The knee has become progressively smaller and more useful, and patient can now walk without a stick. Four months ago she could hardly walk with support.

Dr. M. Tyler showed her second case of Myositis Ossificans (the Brittle Girl). The particulars of this case are appended by kind permission of Dr. Tyler.

#### MYOSITIS OSSIFICANS.

Edith Winter, age 15, entered the London Homœopathic Hospital, June 19th, 1912. It was a terrible case, legs drawn and twisted and fixed, so as to make it impossible for her to stand, or to sit on more than about an inch of chair, and she could only lie on the right side. From waist down she resembled a grotesque contortion, carved out of a solid block. There was still a certain amount of limited movement in the arms. There were numbers of irregular ossifications on trunk also, and right masseter was ossified. In face, her resemblance to Rushbrook was remarked by everybody. The notes of this case are unfortunately not forthcoming this evening, but the photos are. It will be noticed in these that the ossified tendons at the back of the knee are of denser bone than the natural bones.

The case was very carefully worked out by Dr. Borland, who is still in charge of the case. There was one very peculiar clinching symptom, peculiar to *Puls.* and *Thuja*, but only marked in *Thuja*, viz., does not perspire when dressed, but perspires profusely when her clothes are removed. It should be said that Dr. Borland worked the case out entirely on its own merits, uninfluenced by the thought of Rushbrook's drug, which he did not know at the time. About a week after admission, *Thuja* 30 three doses were given, within a few hours.

Some three or four weeks later, as there was no change, the patient got one single dose of *Thuja* 1m, and there was already improvement before she left

the Hospital a couple of months later, for she was not only able to lie on either side, but she was turning over in bed without assistance..

Since improvement has been maintained, *no second dose has so far been given*, though one is perhaps now overdue. The child since leaving us has been at Nurse Sansom's Home at Raynes Park, which also shelters the Brittle Man, Rushbrook. She sits and knits on an ordinary bench in the garden shelter, without any support, and has long discarded her invalid chair. She rises when she likes, and with the aid of a stick merely, shuffles about the shelter, or into the garden, and will wheel another patient, without assistance, the whole length of a long, rough lawn.

Her father's account of the case is interesting, that wherever she was knocked, strained or bruised, she ossified.

ALNUS.—Eclectic writers claim that *Alnus* has cured purpura hæmorrhagica and that the remedy is a splendid local application for *Rhus* poisoning.—*Medical Century*.

CATALPA.—Has relieved difficult respiration and its use has been suggested in cases of asthma.—*Medical Century*.

FRASERA.—It is claimed by eclectic physicians that by the persistent use of this remedy, chronic constipation may be cured when due to atonic conditions of the stomach and bowels.

*Medical Century*.

GUARANA.—Is a useful remedy for sick headache. The remedy is especially suitable for those cases following, or associated with, the menstrual period.—*Medical Century*.

## BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED).

RECEIPTS FROM MAY 16TH TO JUNE 15TH, 1913.

### GENERAL FUND.

<i>Subscriptions.</i>	£	s.	d.
Wilfred Nicholson, Esq. . . . .	1	1	0
Mrs. Henry Wood . . . . .	1	1	0
Sir John Cameron Lamb . . . . .	1	1	0
Dr. E. B. Roche . . . . .	1	1	0
Joseph Howard, Esq. . . . .	1	1	0
Dr. J. Hervey Bodman . . . . .	1	1	0
Lady Oldroyd . . . . .	1	0	0
Sir G. Wyatt Truscott, Bart. . . . .	10	10	0
C. Fellows Pearson, Esq. . . . .	1	1	0
Dr. J. Roberson Day . . . . .	1	1	0
Dr. J. Wingfield . . . . .	1	1	0
Dr. C. E. Wheeler . . . . .	1	1	0
Mrs. Stephenson . . . . .	1	1	0
Dr. E. Cronin . . . . .	1	1	0
Dr. F. W. Hayes . . . . .	1	1	0
Mrs. F. Cloughton Mathews . . . . .	1	1	0
Frederick Ames, Esq. . . . .	5	0	0
E. H. Morton, Esq. . . . .	5	0	0
Mrs. M. Morton . . . . .	1	1	0
Samuel, R. Kearne, Esq. . . . .	1	1	0
Mrs. Thirlby . . . . .	1	1	0
H. Manfield, Esq. . . . .	1	1	0
Dr. J. G. Blackley . . . . .	1	1	0

### *Donations.*

Miss E. S. Case . . . . .	5	0
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### NATIONAL HOMŒOPATHIC FUND.

#### *Subscriptions.*

John Smith, Esq. . . . .	1	1	0
Miss Bevan Brown . . . . .	10	6	
Dudley Wright, Esq., F.R.C.S. . . . .	2	2	0

### MEETINGS.

The usual Monthly Meeting of the Executive was held at Chalmers House on June 17th.

A Meeting of the Compton Burnett Fund Committee was held on June 2nd, and Dr. John Weir was appointed Professor for the session 1913-14.

## EXTRACT.

### A CLINICAL STUDY OF *VIOLA ODORATA*.

I HAVE but seldom seen this remedy mentioned in our literature, perhaps for the reason that it is not often indicated, nevertheless it is of considerable value at times, and should not be overlooked. Of the diseases of childhood, in which it is most frequently indicated, I will mention pertussis, measles, and worm affections, or an irritable state of the gastro-intestinal canal simulating verminous troubles.

In adults it is not to be lost sight of in hysteria, resembling both *Ignatia* and *Pulsatilla*, being a cross between them, so to speak, and at times acting well when neither of these remedies avail, although both may apparently be more or less indicated.

It is to be studied in cardiac affections, accompanied by much palpitation, in dyspnœa, and at times œdematous swelling of the lower limbs, pointing to more than a functional derangement of the great central organ of the circulation. The œdematous condition referred to does not of necessity indicate a cardiac lesion, for the action of the drug upon the hepatic and renal circulation is such as might at times account for the œdema.

In enuresis nocturna I have found it to act most satisfactorily in a certain class of cases. Generally these patients have been thin, nervous children, who, partly from malnutrition, and partly as a result of over-exertion during the day, are completely exhausted at night, are fretful and peevish as a consequence, and their sleep is uneasy. The urine voided during the night has a peculiar odour, not so strong as the *Benzoic acid*, *Nitric acid*, or *Iodium* urine, but is of such a character as to indicate a derangement of the mucous coat of the bladder.

It would appear to resemble both the last named remedies and *Sepia* or *Calcarea carbonica* as regards its action on the vesical mucosa. Accompanying this symptom will usually be found, as a concomitant, great nervous exhaustion. The child, as a result of this,



acts as is characteristic of certain forms of nervous debility, *viz.*, it runs and plays violently for a time, and then drops down almost anywhere, completely exhausted. The fact is too frequently overlooked, that neurasthenia in its worst form is sometimes made manifest by an inordinate desire on the part of these patients to work or play or exert themselves to the uttermost in some one direction. These are often the worst cases, far worse than those who, through debility, desire to remain inactive, mentally and physically.

*Viola od.* belongs to the first class of cases, and *Phosphoric acid* and *Sepia* to the latter. The urine is said to have the odour of violets from poisoning by this drug, as well as by *Terebinth*, but I have never seen such a case.

In measles I have occasionally found this remedy useful, when the child was very restless and uneasy, and the eruption did not make its appearance at the proper time and in the proper manner. Repercussion of the eruption also calls for *Viola* though not so often as for *Byronia*, *Veratrum viride* or *Cantharis*; and when the eruption is faint and the face is flushed, with evidence of cerebral hyperæmia, similar to that of *Belladonna*, and the skin is dry and hot, as one would expect to find in an *Aconite* patient. One peculiarity in such cases is, that the palms of the hands are quite moist while the rest of the body is dry. This is not always the case, but I have observed it in a few times, and in all cases calling for this remedy, this condition is likely to occur. During the catarrhal stage of measles, the expectoration is often profuse, especially in the case of children who can raise the mucus. In younger ones the same excessive secretion occurs, as shown by the frequent attacks of dyspnœa and suffocation, for as a rule the sputa is tough and stringy, resembling that of *Kali bich.* and *Hydrastis*. Sometimes it is lumpy and jelly-like, which shows an involvement of the larynx, particularly of the pouches of Morgagni. This latter symptom accounts for the aphonia which usually accompanies the catarrhal stage, and which sometimes lingers after the other symptoms have disappeared.

In pertussis, this hoarseness is often quite prominent, the fits of coughing are violent, spasmodic and protracted, resembling those of *Corallium rubrum*.

When indicated in helminthiasis it suits children of a fair complexion, tearful and nervous temperament, especially those who are troubled with enuresis. For obvious reasons *Pulsatilla* is often prescribed instead of *Viola* for these symptoms. The *Viola* patient dislikes cool air, is easily chilled, craves lean and fat meat in large quantities (*Nitric ac.* and *Nux vomica*). Like the *Teucrium* patient, the little sufferer is annoyed with intolerable itching of the anus, particularly in the afternoon and evening. As regards the patient's disposition, *Viola* differs from *Cina* in being mild and tearful instead of irritable and ugly. Both have the anal pruritus, and the *Viola* patient bores and rubs at the nose as the *Cina* child does.

*Viola* causes, or at least cures, the "milky urine" which is generally considered to be indicative of worms, but which is not an unfailing sign of their presence in the *primæ viæ*. This kind of urine, which depends upon an excess of the urate of soda, is indicative of intestinal irritation and imperfect digestion. As a rule, those remedies which derange the digestive function in such a way as to produce the urate of soda in excess, cause more or less bloating of the abdomen, and to this rule *Viola* is no exception. In such cases the liver is always functionally involved, and one of the consequences of this derangement under *Viola* is an aphthous condition, with constipation, upward pressure upon the diaphragm and a resulting dyspnoea. This furnishes a leading indication for the remedy, and explains its action through the vagus.

Another clinical point concerns the efficacy of *Viola* in hysteria and phthisis. In young girls who at puberty develop hysterical symptoms, especially if the menstrual flow is delayed and irregular, and they are of a tuberculous diathesis, the *Viola odorata* should not be overlooked. The patient complains of dyspnoea, from tightness of the chest, or from a feeling of a heavy weight upon the thorax, in which it resembles *Phosphorus*. It is also suited to tall, thin, light-haired, nervous people, who

are predisposed to phthisis. *Sulphur* resembles it in a general way.

To resume ; we should not forget the *Viola odorata* in enuresis nocturna, helminthiasis, pertussis convulsiva, rubeola and, for the older patients, amenorrhœa and irregular menstruation when accompanied by frequent hysterical attacks in a tuberculous patient.—DR. LANING, in *Clinique*.

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ACCIDENTS DUE TO COMPRESSED AIR.—The use of compressed air in industry is a comparatively recent innovation and therefore the literature of its accidents is meagre. In the *Gazette Medicale de Paris* of May 7th, Dr. Jean Belle has reported the following curious accident. A girl, aged fifteen years, was working in a factory near a machine which supplied a jet of compressed air. The tube accidentally penetrated her left hand, and she immediately became, in the words of those who saw the accident, "inflated all over." When Dr. Belle arrived he found that there was subcutaneous emphysema of the whole of the left arm, the head, the neck, the thorax and the abdomen. There was a characteristic crepitation. The neck in particular was enormous, and the head monstrous. When she made movements the air could be seen to be displaced beneath the skin. On the following day, she had transient attacks of suffocation, which were attributed to pressure on the recurrent laryngeal nerve, but the emphysema was diminishing. On the third day, she passed much flatus and the emphysema had completely disappeared except at the right groin and on the abdomen, where it persisted for two days longer. She was able to resume work three weeks after the accident. Dr. Belle states that, though rare, such accidents are not unknown and may prove fatal. This has occurred when, as a practical joke, a workman has directed a jet of compressed air against the anus of a comrade. The air has penetrated into the bowel, and distended it to a point of rupture. In spite of laparotomy, the victim has died from peritonitis. A short time ago, we referred to an American case of this kind, in which a boy, aged sixteen, was seized, and the nozzle of a compressed air tube brought against, but not inserted into, the anus outside the clothes. The victim felt a sharp pain and fainted. He was immediately taken to hospital. The abdomen was extremely distended and exquisitely tender. Rupture of the bowel was diagnosed, but permission to operate could not be obtained for two hours. There was air in the peritoneal cavity, the longitudinal bands in the descending colon and sigmoid were ruptured in five places, and a perforation was found in the cæcum. The tears were sutured and recovery ensued. According to W. E. W. Andrews, the mortality of such cases is seventy-five per cent. Recovery depends on prompt operation.—*Lancet*.

## REVIEW.

### MODERN MIRACLES: FAITH AND WILL-POWER AND THE ART OF HEALING.\*

MUCH has recently been written on Faith-cure, Mental healing, the power of the Will, and similar subjects. This is the first time that we remember a writer insisting on the necessity for a combination of Faith and Will-power in the treatment of disease—neither one without the other; the “I can” and the “I will” are to be there together.

This little book is thoughtfully written, but it is a pity that the author's style is rather lengthy and involved. One would, moreover, wish that more of a practical nature had been given, but in seventy-eight pages one must not expect an exhaustive treatise. The book gives one to think, and that is a great thing in these days.

But the author really ought to have studied the subject of Homœopathy a little before venturing to express an opinion on it in print. The following extract suffices to show his ignorance of its principles. “The success of homœopathic treatment has been frequently attributed to the greatness of faith in small doses of medicine; there is probably not a little to be said for this substantially correct conclusion.”

It would surely be “substantially correct” to say that successful cases of allopathic treatment are quite as likely to be due to the greatness of faith, in large, powerful-tasting doses. Important as faith is in the treatment of disease, the writer, in our opinion, rather over-estimates its importance. For instance, in one place he says: “It may be urged that some marvellous cures are effected without any evident exercise of faith on the patient's part. True, but how tedious and protracted such a course of treatment is, can only be realised by the doctor who has the case in hand.” Again, the author states: “Progress must be necessarily slow if there is lack of faith in the treatment,

\* *Modern Miracles*. By J. Wallace Clarke. London: Fowler & Co., 1913.

however excellent the treatment may be. We cannot get on without faith." Now, those that have the power of Homœopathy to their hand can vouch for many and frequent cures, anything but "tedious and protracted," where the exercise of faith was altogether lacking. Of course, faith is a tremendous help in all treatment, but it is not the absolute essential that the writer attempts to maintain.

But, apart from these instances of "talking without book," and the fault of style, there is much of value in the book for those interested in the place of faith and will-power in the treatment of disease. F.W.

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## OBITUARY.

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### MISS MARION BREW.

It is with deep regret that we record and it is with deep regret that every supporter of Homœopathy will learn, the death of Miss Brew on May 31st, at the age of eighty-one. Miss Brew was for so many years so closely associated with the London Homœopathic Hospital that for long after her retirement it was hardly possible to think of that Institution without her; but many who had no special interest in it or in Homœopathy, valued her friendship, admired her wit and her ready interest in life, respected her quick judgment and took pleasure even in her prejudices. The London Homœopathic Hospital in the early days of her administration owed her an incalculable debt, and if later she was not always as ready to recognize the need of change, the unreadiness never degenerated into obstinacy, and she never lost the respect and affection of all who had once felt the charm and capacity of her nature. In days when Homœopathy was, much more than at present, a name for contumely, she was an honoured and welcome figure at every gathering of hospital matrons and of those who were interested in problems of nursing, and the respect which she thus inspired was no small asset to the cause of Homœopathy. We are privileged to add an appreciation from the pen of Dr. Byres Moir, and for ourselves and we

are sure for all our readers, we can only echo his words of praise to her memory and of regret for our loss. She cannot be forgotten so long at least as Homœopathy lives in England.

MARION BREW.

AN APPRECIATION BY DR. BYRES MOIR.

Miss Marion Brew, born in 1831, was one of a large family, her father being Tomkins Brew, a resident magistrate in Co. Clare, and from him she must have inherited many of her strong Irish characteristics. Lever mentions him in his novels, under various names, telling of his adventures and witty sayings. Miss Brew, whose memory was always remarkable, was able to go back to childhood recollections of the great O'Connell, and the turbulent scenes of that time in which her father made a great reputation for keeping order.

Miss Brew was trained as a nurse at the Royal Southern Hospital, Liverpool, and left that Institution to become the Matron of the London Homœopathic Hospital. The hospital in those days consisted of three private houses, Nos. 50, 51 and 52, Great Ormond Street, which had been adapted for use as a hospital and contained fifty beds. Twenty years later (1895) the hospital was rebuilt, and opened by the late Princess Mary Adelaide, Duchess of Teck, and contained a hundred beds, which was again increased in 1911 by the addition of the Sir Henry Tyler Wing, which made the beds total 160, but Miss Brew retired in 1906, before this last addition was made. In the days when she came to London, nursing was far from being the science and art which it is now, but among the pioneers to whom its present efficiency is due, Miss Brew must be numbered, and our own hospital at any rate owes her more than can be told. She raised the nursing of the London Homœopathic Hospital to the level of that of any hospital anywhere, and her successors have had the task of maintaining where she had the burden of (in great measure) creating.

Miss Brew retired on her full salary pension in 1906, after having been identified with the rise and progress

of the hospital for over thirty years. Many of the nurses trained under her are occupying important positions in the hospital nursing world, and a few still hold Sisters posts in the present London Homœopathic Hospital. Miss Brew possessed in a very conspicuous degree the gift of selecting the right women as nurses, a gift that is not always possessed by the head of every establishment.

Only those who came in contact daily with Miss Brew could realize her endless tact and cheerful good temper, under sometimes very trying circumstances. Her death will be mourned by many friends she made among her nurses, to whom her work and guiding hand counted for so much, to say nothing of her great personality. During her *régime* at the London Homœopathic Hospital the nursing work in that institution has been extraordinarily developed. From the smallest of beginnings it has grown under her first guidance and sound principles laid down to a position of one among the foremost in the land. She will be remembered by all at the hospital with admiration and affection.

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### CORRESPONDENCE.

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[TO THE EDITOR OF "THE HOMŒOPATHIC WORLD."]

SIR,—In a book entitled "China as I saw it," by A. S. Roe, there is the following paragraph, which may be of interest to your readers ; for, though the fact of the value of copper in cholera is known in Western countries, I for one, did not know that it had penetrated into China.

She writes from Nanking :—" I have only lately realised the medicinal properties of a copper 'cash.' To suck one—steadily and carefully—in the early stages of cholera will prove a sure and certain remedy ! By way of proof, my informant assured me that cholera was wholly unknown in the East amongst brass and copper workers ! "

Scarborough.

Yours faithfully,

F. FOSTER.

## VARIETIES.

THE ILLNESS AND DEATH OF NAPOLEON BONAPARTE.—The passing from this life of the world's heroes, as well as their actions here, have always been of interest to their immediate survivors and to succeeding generations. In many instances the greater the man the more divided are his supporters and detractors, so that legend gathers around the death-bed or the disappearance. Thus Romulus was variously said to have been translated in a whirlwind and to have been torn in pieces by the Senate—"discerptum patrum manibus," as Livy laconically puts it. The manner of the death of Scipio Africanus is in doubt, for, according to Plutarch, some say that he died a natural death, some that he was poisoned, and some that he was strangled, and yet his dead body lay open to be seen of all. So, too, as regards Napoleon Bonaparte, there were not wanting those who reported that he was starved and made to live in an insanitary house and in a deadly climate, and that his death was one long agony, and that he was a prey to the cruelty of England. All these legends have been exploded, but in the most recent work on the subject Dr. Arnold Chaplin has given us a valuable criticism of Napoleon's last illness and death. He argues that the various published reports of the medical men who, at one time or another, were in attendance at St. Helena—namely, O'Meara, Stockoe, Antommarchi, and Arnott—cannot be implicitly relied on, although they were published after the death of Napoleon and when the post-mortem examination had made everything clear. The real opinions of the medical men and the mistakes which they made are to be found in the Lowe Papers, deposited in the British Museum. These papers contain the daily reports of the physicians, and to them Dr. Chaplin has gone. The closing years of Napoleon's life make sad reading. Captivity is hard for anyone, how much the more for one who, like Napoleon, had lived such a tremendous life and had attained to a height of glory practically never reached before or since. The climate of St. Helena is not, however, unhealthy, and if Napoleon could have refrained from political intriguing he might, apart from the painful nature of his disease, have passed a restful time. But, as he himself said, "*Je n'aime pas beaucoup les femmes, ni le jeu, enfin rien ; je suis tout à fait un être politique.*" The policy of his staff was politically the same, and to their shame, be it said, it was the conduct of the Whig Opposition in England which instigated that policy. Thus La Casas wrote in his diary (Nov. 30th, 1815), "We are possessed of moral arms only, and in order to make the most advantageous use of these it was necessary to reduce into a system . . . *even our privations*, in order that we might thereby excite a lively interest in a large portion of the population of Europe, and that the Opposition in England might not fail to attack the Ministry on the violence of their conduct towards us." A consideration of these sordid political schemes is necessary for a right understanding of the circum-



stances of Napoleon's last illness. On the one side were his staff and political sympathizers in France and elsewhere whose aim was to make out that his illness arose entirely from the climate of St. Helena. On the other were the British Government and the allies whose aim was to support the view that Napoleon was in good health and was enjoying the "salubrious climate" as far as was compatible with his position. Napoleon's own medical attendants, O'Meara and Antommarchi, diagnosed "liver complaint"—*i.e.*, hepatitis—while Arnott, medical representative of the British Government at Longwood, *said* that the disease was merely hypochondriasis, and this only eight days before Napoleon became moribund. What he really thought will probably never be known, though it is believed, says Dr. Chaplin, that the MS. notes of his daily attendance are still in existence. The post-mortem examination clearly showed that an extensive malignant growth of the stomach was present, probably starting from a previously existing chronic ulcer. Dr. Chaplin has worked out the history of the case with great care, and his little book is certainly a valuable addition to the already vast Napoleonic literature; although his interpretations of the clinical and pathological data do not accord with those given by Professor Arthur Keith in an interesting communication to the Hunterian Society of London on Jan. 8th, which will be published in our next issue. Napoleon was so great a man that even the smallest details concerning him are of interest, and the tragedy of his life, the rise from obscurity to world-wide fame, the fall from the heights of glory to petty political intrigues and to a death full of pain, weariness and sorrow is over-full of romance: even the spots on the sun of his career must always hold the attention.—*Lancet*.

THE PREVENTION OF ACCIDENTS IN WOOLLEN AND WORSTED MILLS.—A report has been issued this week by the Home Office which gives the results of the conferences which have been held during the past year between employers, operatives, and inspectors concerning the fencing of machinery and the prevention of accidents in woollen and worsted mills. The report is drawn up by Mr. James A. Hine, the superintending inspector of factories for the North-Eastern Division, which includes the busy centres of the woollen industry, Leeds, Bradford, Huddersfield, and Halifax. Agreement was reached upon many important points, while others were reserved for future discussion. The subjects discussed included: (1) fencing of machinery; (2) cleaning machinery; (3) the cleaning of the floors of factories; (4) the lighting of work-rooms; (5) the lifting of heavy weights; (6) temperature; and (7) the periodical examination of machinery. In regard to general provisions, it was decided that in the clause requiring the guarding of overhead belts and ropes to omit ropes, as it was considered that a fence would prevent the detection of any frayed rope, and that a rope shows sign of deterioration, enabling repairs to be made, before it actually breaks, which a belt does not always do. In respect to women and girls

having their hair put up, it was agreed by all that this was most desirable, and the employers were willing to enforce it to the best of their ability, but in the absence of statutory obligation the conference decided not to include in the formal agreements the paragraph as it appeared in the agenda. After considerable discussion it was decided to delete the clause relating to cleaning machinery by young persons. In course of the discussion it was stated by more than one employer that their present practice was to prohibit cleaning of machinery in motion by all persons, and not only by young persons and children, and that to specify young persons in an agreement would tend to weaken their position. A discussion as to adequate provisions for lighting of work-rooms took place, but no decision was arrived at. In regard to the lifting of heavy weights it was agreed that no children or young person should be required to lift weights exceeding those suggested in the agenda, and this was supplemented by maximum weights for those up to the age of sixteen years. In regard to temperature, the only parts of woollen or worsted mills in which a high temperature is commonly found are the wool-combing sheds. There were not a sufficient number present at the conference interested in wool combing to come to any definite agreement on this point, and it was deferred for discussion later by a more representative body of employers and operatives.

The suggestions made in regard to the fencing of machinery were substantially accepted for each class of machine. The agreement as to shuttle-guards was the least satisfactory in the inspector's opinion. He would have been glad if they could have agreed upon a lower speed limit than 100 picks per minute or even, as was suggested, that all looms should be provided with shuttle guards. He adds, however, that it will be some satisfaction if it is found that accidents do not occur from shuttles flying from plain woollen looms running at a less speed than that named above, as was predicted by those who objected to any lower speed being defined. The one agreement which is regarded as most beneficial is that of the periodical examination of machinery. As the inspector observes, it is obvious that if guards for machinery are provided, it is the intention of those providing them that they should be kept in position, and if periodical examinations were made by some person told off to do this, and defects brought at once to the notice of managers of mills, the fencing would in course of time be maintained far more efficiently than has hitherto been the case. These conferences are doing good work in regard to settling questions which concern the better protection of life. We are glad to note that it is proposed that the representatives should meet again next year in order that a review may be made of the progress that has been accomplished as the outcome of the present agreements. Similar conferences have been held in regard to the prevention of accidents in cotton weaving factories, and a report has recently been issued by the Home Office which shows that a number of protective measures in this industry have been agreed upon.—*Lancet*.

THE DIETING OF PATIENTS IMMEDIATELY BEFORE GIVING ANÆSTHETICS FOR SURGICAL OPERATIONS.—There is nothing about which opinions have undergone more change during the past decade than about the treatment of patients antecedent to their taking a general anæsthetic. In a review of a book upon surgical after-treatment, this important subject is briefly alluded to, but it is worth more notice than is there given, because the fluctuations of view have led to much misapprehension. Many of the recent books, dealing with surgical operations are often at fault and are, in the main, quite misleading. No doubt such manuals are restricted through the exigencies of space from entering fully into a subject which is extremely wide and demands a liberal space if it is to be treated at all adequately. The well-meant attempt to condense rules and formulate a general programme of treatment results in a hazy and even inaccurate series of statements which leave in the mind of the student or inexperienced practitioner a condition of confusion worse confounded. Dealing with a very narrow aspect of the matter, the question of giving or withholding all solid and liquid food for some hours before the anæsthetisation, we find the most conflicting views advanced. The dangers of a very prolonged fast have become recognised, and some surgeons have suggested the plan of persistence in the ordinary routine of meals, but allowing an interval to elapse between the last meal and the operation sufficiently long to permit of normal digestion. This plan, however, is open to an obvious objection. An individual about to undergo an operation is usually in far from a normal state, and his digestion and metabolism are either delayed or brought to a standstill. The more commonly accepted method is to preserve the customary meal times, but to diet the patient for some days, so that as light a task as possible is imposed upon his digestion. When the question of the ingestion of liquids is considered, we find some authorities urge that even water taken immediately before the anæsthetic will delay narcosis and provoke vomiting, while others support the view that after-sickness is often lessened by pre-anæsthetic libation of water. Probably the latter view is correct, provided that a sufficiently long interval of time elapses between the drinking and the anæsthetic, especially if the fluid taken is mildly alkaline and is at blood temperature. Certainly in the case of laparotomies a system of giving hot water made mildly alkaline and taken at four-hour intervals for a week before the operation subserves two useful purposes. It lessens post-anæsthetic vomiting and obviates the distressing thirst which is often an intolerable sequela in such cases. These are some of the procedures in common vogue, but no wise practitioner will pin his faith to a routine following of any one of them. The peculiarities of each patient, and the exigencies of each operation have to be carefully weighed in deciding the method to be pursued for any given individual, and the accuracy of the judgment arrived at must depend in no small measure upon the experience and width of outlook enjoyed by the practitioner to whom is committed the ordering of the case.—*Lancet*.

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To CONTRIBUTORS.—Reprints of articles can be ordered from the publishers, on application not later than eight days after publication.

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**MEDICAL AND SURGICAL WORKS PUBLISHED  
DURING THE PAST MONTH.**

**Ash** (Edwin L.). The Nursing of Nervous Patients. Cr. 8vo, pp. 122. *Scientific Press*. Net 2/6.

**Bar lay** (Alfred E.). The Stomach and Aesophagus. A Radiographic Study. Roy. 8vo, pp. 134. *Sherratt & Hughes*. Net 7/6.

**Barlow** (A. H. F.) and **Weston** (B. P.). Gynecological Diagnosis and Pathology. Illustrated. 8vo, pp. 236. *W. Green*. Net 7/6.

**Bernstein** (Julius M.). Applied Pathology. Being a Guide to the Application of Modern Pathological Methods to Diagnosis and Treatment. 8vo, pp. 412. *Hodder & Stoughton*. Net 10/6.

**Besson** (A.). Practical Bacteriology, Microbiology and Serum Therapy: Medical and Veterinary. A Text-book for Laboratory Use. Royal 8vo, pp. 922. *Longmans*. Net 36/-.

**Burdett's** Hospitals and Charities, 1913. Cr. 8vo, pp. 928. *Scientific Press*. Net 10/6.

**Collie** (Sir John). Abstract of a Lecture on Malingering in Accident and Disease. 12mo, swd., pp. 15. *J. Bale*.

**Jones** (H. Lewis). Ionic Medication. The principles of the method and an account of the clinical results obtained. Cr. 8vo, pp. 160. *H. K. Lewis*. Net 5/-.

**Mills** (G. P.) and **Humphreys** (H.). A Text-book of Surgery for Dental Students. Illustrated. 8vo, pp. 352. *E. Arnold*. Net 12/6.

**Packard** (F. R.). Text-book of Diseases of the Nose, Throat and Ear. 2nd ed. 8vo. *Lippincott*. Net 15/-.

**Satterthwaite** (T. E.). Cardio-Vascular Disezses. 8vo, *H. Grevel*. Net 9/-.

**Twort** (F. W.) and **Imgram** (G. L. Y.). A Monograph on John's Disease. (Enteritis Chronica Pseudotuberculosis Bovis. 8vo, pp. 192. *Bailliere*. Net 6/-.

**Walsh** (David). Diseases of the Skin. A Handbook for Students and Practitioners. 8vo, pp. 314. *Bailliere*. Net 6/-.

## TO CONTRIBUTORS &amp; CORRESPONDENTS.

ALL literary matters, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. C. E. WHEELER, 35, *Queen Anne Street, Cavendish Square, W.*

Letters to the Editor requiring personal reply should be accompanied by stamped directed envelope.

All advertisement and business communications to be sent to the "MANAGER" of the Homœopathic Publishing Company, 12, Warwick Lane, Paternoster Row, London, E.C.

LITERARY matter and correspondence should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the Editor as early as possible.

## CORRESPONDENTS.

E. A. Attwood, Esq., London.—  
E. H. Shillito, Esq., Christchurch.—  
Dr. Ray, India.—Mr. Erskine White,  
Australia.—Dr. Petrie Hoyle, Lon-  
don.

BOOKS AND JOURNALS  
RECEIVED.

Brit. Hom. Review.—Revist.  
Hom.—Med. Times.—Allg. Hom.  
Zeit.—Med. Advance.—The Chi-  
ronian.—La Homœopatia.—Ind.  
Hom. Rev.—Hom. Envoy.—The  
Chemist and Druggist—Medical  
Century.—Rev. Hom. Française.  
—H. Recorder.—L'Omiopatia in  
Italla.—Revista Hom. de Per-  
nambuco.—N.A.J. of H.—New  
Eng. Med. Gaz.—L'Art Médical.  
—Hom. Jour. of Obst.—Annals  
de Med. Hom.—Century Path.

—Hahnemannian Mon.—Pacific  
Coast Jour. of H.—Journal B.H.S.  
—Zoophillist—Calcutta Jour. of  
Med.—Le Propagateur de L'Ho-  
mœopatie.—Från Homöopatiens  
Värld.—Journal of the American  
Institute of Homœopathy.—  
Eczema: Bernstein.—Indian Ho-  
mœopathic Reporter.—La Critica.  
—The Homœopathician.—Iowa  
Homœo. Journal.—Cases of In-  
tracranial Tumour: Goldsborough.  
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Magnesium. By DR. T. G. STONHAM.

Difficulties of Homœopathy. By T. MILLER  
NEATBY, M.A., M.B., B.C. (Cantab.),  
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# THE HOMŒOPATHIC WORLD.

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AUGUST 1, 1913.

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## THE MEETING OF THE INTERNATIONAL COUNCIL.

ON the 8th and 9th of this month the International Council meets at Ghent, and meets, we are sure, amid the best wishes of all who believe in Homœopathy. As we write it is hoped that Dr. McClelland, the President, will be able to take the chair, his enthusiasm for the cause vanquishing the weariness consequent on his much regretted illness. But, whoever presides and whatever members attend, one thing is certain, that the I.H.C. has the power to modify the future of Homœopathy to a vital extent. The business of this meeting is primarily to devise a Constitution for the I.H.C. It must not be too rigid, it must give room for the freest expression of opinion, and yet it must enable necessary business to be transacted with reasonable swiftness. One all-important point must never be forgotten. The function of the I.H.C. is to supplement all local activities, not to supplant them. It may suggest, it *should* suggest, but it can in no sense command. It is not to set one country above another, but to bring the aid of the strong to the relatively weak. Even there it should act mainly, if not always, on invitation, and not risk the appearance of officious intrusion. Its business is to unite all homœopathic interests and in so far as it should (which Heaven forfend !) arouse ill-will or opposition, it would have grievously failed. If it moves slowly at first, it may move steadily and gather momentum till it becomes a

power in the kingdom of Homœopathy. All homœopathsists everywhere will unite to wish well to these early efforts at organisation. Our hopes are high that the final harvest may be plentiful and rich.

#### AN OPPORTUNITY FOR B.H.A. MEMBERS.

IN these days of scientific training, the schools of Commerce are valuable institutions. The head of the Kensington College, Mr. J. Munford, is not only an active and successful teacher, but incidentally, a keen believer in Homœopathy, and he has made a generous offer to the B.H.A. to show his interest in its activities. For three successive years he offers a Bursary of £20 in aid of the fees for a complete Secretarial or Commercial Course of instruction at his College. The Bursary is *only* open to sons and daughters of members of the British Homœopathic Association, and details can be learnt from the B.H.A. Secretary ; but we may add here that Mr. Munford will hold an examination early in 1914, to determine the merits of those who apply for this Bursary, provided there are not fewer than three applicants. Candidates should be of an age between eighteen and twenty-five, and possessed of a sound general education. The fee for the examination is 10s. 6d., and applications should be sent in to Mrs. White, B.H.A., 43, Russell Square, W.C., before November 30th.

This is a real opportunity to members of the Association to obtain for one of their children a substantial aid towards an excellent special training. Students who do well at Mr. Munford's College, are qualified for a variety of Secretarial and Commercial posts, and generally are able to command good salaries, even at an early stage of their careers. We hope that there will be a good response to this generous offer.

## NEWS AND NOTES.

### WINTER EDUCATIONAL SESSION.

WE are glad to hear that the Introductory Lecture to the Winter Session will be delivered in October by Mr. Dudley Wright, F.R.C.S., at the London Homœopathic Hospital. The Honyman-Gillespie lecturers are Dr. Goldsbrough and Dr. C. E. Wheeler, and Dr. J. Weir, the Burnet lecturer.

At the Association rooms it is proposed to have a lecture on October 22nd, by Dr. Petrie Hoyle, introductory to the Winter Course of Popular Lectures. This session, and, it is hoped, in future sessions, for some years at least, it is intended to have a series of five or six lectures by one man, to constitute a course on the History, Theory and Practice of Homœopathy, suitable for a non-professional audience. Each lecture, however, though having its place in the series, will be sufficiently independent of the others to have an interest of its own. They will be given at 43, Russell Square, at 5 *p.m.* on certain Wednesdays to be announced in due course. The lecturer for this Session will be Dr. C. E. Wheeler.

### THE LIVERPOOL CONGRESS.

WE hope that our readers will observe in the announcement (elsewhere in this issue) of the Congress at Liverpool, that homœopathists are receiving the courtesy of permission to use the University Buildings, and have demonstrations of the work of the School of Tropical Medicine, for which Liverpool is famous. This courteous reception of "heretics" is a noteworthy sign of the times and we trust that as many of our medical men as possible will attend in September to do honour to it.

### "TRUTH" AGAIN.

IN No. 40 of Harmsworth's Popular Science appear certain statements as to Homœopathy quite unworthy of the generally high standard of that series of publications. Our colleague, Dr. Charles Hayward, very properly exposed the inaccuracy of these in a letter to



*Truth*. In publishing it the Editor of that Journal added some comments of his own upon the general questions of the relation of Homœopathy to orthodox medicine, and the position of the laity in forming judgments on medical questions, which are of extreme value. Everyone interested in Homœopathy should read and circulate the article. It appeared in *Truth* for June 11th.

#### CHICAGO ENTERPRISE.

WE learn that an open-air Sanatorium in Chicago (Lake Shore) for treatment of Mothers and Children, run by the *Chicago Daily News*, has been entrusted to Homœopathic medical men as far as its medical side is concerned. At the head of its staff is Dr. J. P. Cobb. As many as 300 to 500 patients are seen daily and the results appear to be of a highly satisfactory nature.

#### THE INTERNATIONAL COUNCIL.

THE following names of delegates have been sent to us: For Spain, Dr. Raphael Barrentes, of Madrid, and Dr. Ricardo Moragas, of Barcelona; for France, in addition to Dr. Arnulphy as delegate for the Sud.-Est Society, Dr. Crepel, Dr. Max Jousset and Dr. Bayer have been nominated and hope to attend; for Switzerland, Dr. Mende, Dr. Guignard, and Dr. Scheidegger. Dr. Arnulphy will act as proxy for Dr. Nogueiro da Silva, of Brazil, who is ill; and Dr. Thorson will come as unofficial delegate for Denmark.

#### RESULTS OF GOLF TOURNAMENT.

DUDGEON CUP.—In the second round, Ramsbotham beat Moir, 6 and 5; Weir beat Greig at the nineteenth hole; Wynne Thomas beat Pritchard 5 and 3; Knox Shaw beat Goldsbrough 6 and 5.

#### PRESENTATION AT BATH.

AT Lansdown Hospital, on July 3rd, Miss Sellars, the Lady Superintendent, was presented with a letter signed by the Committee of Management and friends of the Hospital, congratulating her on her recovery from her serious illness, and bearing testimony to the

good work by which she had made the hospital a place of happiness and high ideals to all connected with it. Accompanying the letter was a gift of a travelling trunk and a purse of 200 guineas. It should be stated that the gift was entirely spontaneous, no one being asked to subscribe, but directly her illness was known, everyone manifested a desire to contribute to the heavy expenses entailed, and to show appreciation of her kindness to all at the hospital in time of illness and suffering. Sister Blanche entered the hospital as probationer in 1894, and rose through all the grades up to Matron, and eventually was appointed Lady Superintendent with a seat on the Committee.

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#### HAHNEMANN'S ORGANON.

THIS great work is to be included in the next batch of books to be published by the ever-enterprising Messrs. Dent in their "Everyman" series. Our contemporary, the *New Age* makes the following pertinent comments which are very pleasing reading to homœopaths :

"Hahnemann's famous work on homœopathy will be welcome, for we are all feeling towards homœopathy to-day, and there are discoveries waiting to be announced in this mode of therapy which a little public sympathy would certainly cause to be published."

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INFANTS' FEEDING BOTTLES IN GERMANY.—The draft of the Bill regulating the sale of infants' feeding bottles in Germany is extremely brief and consists of three short paragraphs. In the first it is enacted that the manufacture, sale, importation, or stocking of infants' feeding bottles with a glass or indiarubber tube is forbidden, and the same applies to the component parts of such bottles. Infringement of this law will be punished by a fine not exceeding £7 10s., or punishment; at the same time the articles may be impounded whether they belong to the culprit or not. If a conviction of certain persons is impossible, seizure of the articles can take place. This law is to be enforced three months after its publication. In the introduction to the Bill it is stated that one-third of all cases of death among infants are due to affections of the digestive tract, and that medical men have declared that feeding bottles with tubes, owing to the difficulty of properly cleaning them, are particularly apt to cause gastro-intestinal disease.

## ORIGINAL COMMUNICATIONS.

LONDON MISSIONARY SCHOOL OF MEDICINE.  
REPORT OF TENTH ANNUAL MEETING.

ONE of the most interesting and enthusiastic meetings ever held at the London Homœopathic Hospital took place on June 20th of this year. The Board Room was filled to overflowing on the occasion of this, the tenth Annual Meeting of the

## LONDON MISSIONARY SCHOOL OF MEDICINE.

The work of this School is probably known to many of our readers, but as a missionary agency, in more senses than one, it is deserving of greater publicity and wider support, and we are glad to have this opportunity of drawing attention to it at some length.

The Rev. J. Stuart Holden, M.A. (President), took the chair, and was supported by Dr. Len Broughton, of Christ Church, Westminster, H. B. Bilbrough, Esq., Dr. Vincent Green and Dr. Neatby (Honorary Secretary).

The meeting was opened with prayer by Rev. H. Stork.

Dr. Vincent Green read the Report of the Council, as follows :—

“The London Missionary School of Medicine is drawing to the close of its tenth session. This has been a quiet year in the history of the School. The number of students registered during the three terms is sixteen ; of these, four only entered for the full course ; five others have attended for two terms, and the remainder for shorter periods. Three have already had experience in the mission field, one of these, Mr. Portway, being an old student of the year 1906. Since his training, Mr. Portway has been at work under the China Inland Mission. We should like to say here how very pleased we are to welcome at the Hospital any of our old students who are at home on furlough.

“They can revise their knowledge of general medicine and surgery, or if they prefer it, they can specialize in any subject which experience has proved to be most useful to them in their work.

"Among the Missionary Societies represented this year, the Africa Inland Mission is new to us. Three students belonging to this Mission have been with us this session for short periods. We shall hope to see many more of their missionaries in the days to come.

"Three of this year's students are connected with Mr. Stone's training home at Greenwich. The Evangelical Union of South America is represented by two students, and the Evangelical Lutheran Missionary Society, the London Missionary Society, and the China Inland Mission each by one.

"The programme of lectures, practical work and tutorial classes has been carried out as usual, the students again having the privilege of attending lectures on Materia Medica and Therapeutics given in connection with the Honeyman-Gillespie and Compton-Burnett Trusts.

"Last December the Council lost by death a valued member—Lady Tyler. Her name is well known to all connected with the Hospital ; and the London Missionary School of Medicine found in her a good friend.

"During the Session we have had the pleasure of welcoming Professor Beresford Pite as a Vice-President, and four new members to the General Council, Miss A. E. Keep, Mr. A. W. Bradley, Mr. R. E. Firth, and Mr. Marcus Wood, the well-known Secretary of the China Inland Mission. It is hoped by thus enlisting the active sympathies of experienced servants of the missionary cause, the influence of the School may be extended and the work more effectually carried on.

"Early in the Session Mr. Knox Shaw was obliged by illness to resign the Treasurership of the School. Miss A. E. Keep is kindly filling his place, and we are glad to think that, while we thus gain a new and able colleague, we have not lost the sympathy and help of our old friend, Mr. Knox Shaw, who will remain on the Executive Committee. We also regret the resignation from the teaching staff of Dr. Stonham, who had lectured on Medicine for several years. Dr. Ham has kindly undertaken the work for this Session.

"It was suggested by Mrs. Roberson Day that an attempt should be made to bring the School under the

notice of missionaries freshly returned from the field. For this purpose a Ladies' Auxiliary was formed, and Miss Keep, Mrs. Roberson Day and Mrs. Neatby have kindly consented to undertake these duties.

"In January a lecture on the work of the School was delivered under the auspices of the British Homœopathic Association. We should be glad of further opportunities of this kind for making the School known to missionary or other similar organizations.

"Our thanks are once again tendered to the Board of Management of the Hospital, to the matron and sisters who have so kindly interested themselves in the students in the wards and the outpatient departments and to the lecturers and teachers.

"Standing as we do at the close of ten years' fairly hard work, it is not unnatural that we should ask ourselves the question—"Has it been worth while?" "Shall we go on with it?" The total number of students this year is sixteen—the smallest on record. If we read through the list of Missionary Societies who have sent students this year, how many great names do we notice conspicuous by their absence. How little headway we seem to make in this direction. And yet dare we close our gates? We do not know of any other body doing just this work, and is it not something to have been of some slight service to even sixteen men and women? Let us raise our eyes from the sixteen to the two hundred and more who have gone before them to the uttermost parts of the earth; and from them to the unknown men, women and children they have helped in time of need. Has it not been worth while? Emphatically yes! What we can do, little though it be, we dare not leave undone.

"Let us persevere then. But we need your help; we need subscriptions, and we need advertisement. If the School were better known we should have more students, more fees, and therefore less need for outside help. Till that time comes there is a large margin of expenditure to make up, and we commend the work to your sympathetic consideration."

The President pointed out that though the School is not a Missionary Organization, it is the friend and

auxiliary of all existing Missionary Societies, helping their work by assisting and keeping their missionaries in health and by enabling them, by their gifts of healing, to remove prejudice and opposition. He regretted that, up to the present, so little advantage is taken of what the School is able to offer to all. It takes almost the same amount of labour on the part of the lecturers to instruct sixty as sixteen, and it is only by a large increase in the list of students that the school can become self-supporting. It does not claim to train medical missionaries, but it is better to be possessed of a little knowledge than to be the victim of a great deal of ignorance. The President concluded his remarks by gratefully acknowledging the generous services of the medical and nursing staff of the Hospital, without whose ungrudging co-operation it would be impossible to maintain the work.

The Honorary Secretary (Dr. Neatby) announced that the Ladies' Branch of the British Homœopathic Association had voted twelve guineas for the provision of one free Studentship for the next Session. He also mentioned that a sum of over £200 had been collected to form a memorial to the late Dr. Thomas Neatby, in the shape of providing, or partly providing, another free Studentship. These sums, while enlarging the area of usefulness of the School, are only of indirect financial assistance to it.

The extracts from letters read by Dr. Neatby were chosen to refute a suggestion sometimes made that "dabbling in" medical work interfered with the spiritual work of the missionaries who took it up.

#### EXTRACTS FROM STUDENTS' LETTERS.

MRS. VOLLRATH (Miss Anna Wolf), writes :—

" . . . Open missionary work is not allowed in the huge Empire of Russia, but the work from soul to soul cannot be hindered ; the knowledge of medicine and surgery is a great factor, even if not the greatest, to open the way to the people. Once having got their confidence, they do anything one tells them to do (if they understand), and this is oftentimes not the case, so the most comical things turn out."

MR. MAISEY, of B.C. Africa, writes :—

“ The medical work has also proved a great help to our spiritual work, it seems to me that the healing of body and soul should go hand in hand. Our nearest doctor is about one hundred miles from us. If the natives have any serious cases in their villages, it is not unusual to see ten or twelve men coming up to our house wanting to carry me to their village in the Machila (hammock), to attend to them. Recently they came to take me to a village thirty-five miles off.

“ I find that the dental course has been very helpful. I had no idea that so many natives suffered with bad teeth ; for weeks now I have had a number of extractions ; they are surprised to think that they can have a tooth out and go home to sleep the same day. They often keep their mouths open after a tooth is extracted, till I say it is out, when they say ‘ Kodi,’ which is a note of surprise.

“ Wishing you every blessing and success in the L.M.S.M.

“ I am, etc.”

MISS AGNES ROWAN, who next spoke, explained that she was a student during 1907. On account of ill-health she had been prevented from taking up regular mission work in China as she had hoped. She had recently made a tour in India, visiting mission stations. She claimed that the medical missionary “ must stand first ” in foreign mission work. She had been specially struck with the need for the work of the School near Nepaul, which still figures amongst the closed countries. Two ladies had gone there and had succeeded in getting over the border. Neither of them had any medical knowledge, and it is easy to imagine what would happen if they were attacked with dysentery, typhoid or cholera—a not unlikely event. This Missionary School of Medicine does not impart a little doubtful knowledge. It gives a most thorough training in the time available, and is the only School where ladies can obtain the advantage of such teaching.

MR. BERTRAM LEWIS had been eight years in China since his training at the School. Missionaries, he said, stand in need of the kind of knowledge furnished by

the London Missionary School of Medicine, wherewith to allay suspicion and evil rumours always current in evil places. He narrated the case of a little boy about three years of age, who had swallowed a piece of tin about one inch in length and three-quarters of an inch in width. This had lodged in the child's throat, and had remained there nearly three months. The parents could feel it but could only push it upwards into the back of the nose, nearly choking the little boy. They had had advice from neighbours and Chinese doctors and medicines to dissolve the tin! Mr. Lewis took the precaution to prop the mouth open with a cork, and with a pair of forceps (received at this School as a prize) he easily pulled out the foreign body. He thought the father would have done away with the child if he could not have got it out. One of the false reports spread about foreigners is that they "take babies and make them into medicines," and this keeps them away until serious illness brings them into touch with the missionary. In one place where there was an epidemic among children of summer diarrhœa, after we have helped one or two, the news soon spread, and we had twenty or thirty cases each morning. After these folk or their children have been thus benefited they readily listen to our Gospel message and thus receive a double blessing.

Miss W. HOYTE had been working in North-West Rhodesia, sixty-five miles away from any white neighbours. Part of her time she was at a Medical Mission station, and assisted a doctor, but he was not always there, and she had to act alone. Indeed, for a considerable time he was in England, and there was no other for hundreds of miles. The education of being at the operating theatre here fitted them for meeting "the dreadful sights and sounds, so common in uncivilized regions. In Central Africa EVERY WHITE PERSON MUST HELP."

One of the things she had to do was to give anæsthetics—this the students of the School get opportunities of learning.

A favourite superstition in the part she visited was to place a pot of food in the doorway of their hut, to



distract the attention of the evil spirits when they come to make the patient worse. These people often expect a single dose to act like "magic," and if it does not do so they sometimes refuse to take or give any more of the medicine. Many patients come 100 or 200 miles and they are put into little native huts, as there is no hospital there; they lie on the ground on a little mat, as they would die of fright in an English bed!

The ordinary native does nothing to help a sick man—who soon dies, having no hope or help—except perhaps the beating of a drum to keep away the evil spirits. One woman was operated on by Dr. Fisher for cataract, and regained her sight. She was the head wife of an important man, and became more important still, because she was the only woman with spectacles. She divides the honour with another who has false teeth. The spectacled lady is too ignorant to count seven, but she goes to the services if told when it is Sunday.

MR PORTWAY, also a worker in China, was at the School some years ago, and now being at home on furlough, had come back for another term's experience in the School and Hospital. He spoke of having been ill, and being fifteen days' journey from a doctor, what a comfort it would have been to have had some one with even a little knowledge of medicine to assist him. Even on going to a new country or a new Field and a strange language the missionary with medical knowledge can find his way to the hearts of the people by acts of kindness. He recalled the case of an opium suicide, which he attended with another student of the School, and saved the patient from death by the use of the stomach-pump; and of the help his dentistry had been to him, even where he had no better weapon than a piece of string!

DR. LEN BROUGHTON, M.A., M.D., of Christ Church, Westminster, said, "Mr. President, ladies and gentlemen, I am very happy to be here to-day, because it gives me an opportunity to learn something about the work of this School, I had not known before. Being a recent comer in your midst, it is hardly expected I should know everything, although I do come from America. I sympathize very much with what was said

just now with reference to the necessity of making known the merits of the London Missionary School of Medicine. I have been here about eighteen months, and only the last few days have known anything at all of the work of this School, and yet I have been pretty actively identified with missionary and church work throughout the city since first I landed. I am glad to have heard first hand, and commend it most heartily, and will say something about the place this School should occupy throughout Christian countries in all the world. I am glad to be here and am personally interested in medicine. I suppose it will always be so. I go back a few years in life to where I entered upon six years' hard medical training which I shall ever look upon as the best years of my life ; not only as years of great importance from the standpoint of the knowledge I obtained of medicine, but afterwards from the standpoint of the service I have been able to render to my fellow-men in all parts of the world, wherever I have gone, by reason of those long six years of hard study. I believe to-day if I had to prescribe the best theological course for a missionary (and I am a missionary now to London, and speak as a missionary), I should say six years of training in some splendid medical university. Also I am glad to be here because I am interested in prizes. I don't know the nature of these prizes, nor the persons who are to receive them, but I have some little history in prize work of my own, for which I am proud. I remember spending just eighteen months at hard work with a fellow student for the first prize in our university course where I graduated, and I didn't get it, so I can talk about it. I tied him three times and gave him hard work, and I always think when I see him wear his medal at least he had to work for it. I remember the last night ; I sat up all night with a fellow-student quizzing me, and long before morning I stopped the quiz and after his assurance that I should take the prize I began to think of a little golden haired girl who would be so interested when she got the telegram to say I had got the prize, and the thought was intoxicating, though I am sure it helped me to miss it, and she missed the telegram, but got something

else, perhaps not so good. A prize means a great deal to the person who gets it. Those of us who are older don't really appreciate what prizes really mean to a student. We get engrossed with the reality of life and removed from the sentiment of life so that we don't enter into the student-spirit in the matter of prize gaining and prize reception. A prize means, first of all, to testify to the faithfulness of the instructors, it is not only the student who receives the prize that gets the blessing, it is the man or woman at the back of the student; they push and toil under the greatest discouragement with bad stuff to work upon, they are the ones who deserve the prizes. And then a prize means faithfulness on the part of the student. In a prize it is what a student obtains in after life from hours of work on a meritorious paper, it is the good that training of systematic thorough self-sacrificing toil does when they get out into the battle of life. Every sort of training is worth while to a man when he gets out into the battle of life. The training of the mind to think and retain, to work out problems will be of inestimable value in after life, no matter on what lines he may work. A prize testifies also to faithfulness on the part of unseen hands, the hand behind the curtain, the faithful, self-sacrificing toil in years gone by, of a loving mother or father or both, and since I am always fond of clinching thoughts with stories, and since this is a day when incidents and stories seem to be in order, I will tell you this story. A few years ago I conducted a mission in one of the great Western cities and had gone from the noon meeting to the hotel. An old Westerner called to see me, and I had him to my room in the hotel, and he sat there before me, and pulled a letter out of his pocket and said, as he did so, the tears running down his cheeks, "You cannot imagine, sir, what I have come to talk about." I said "No." "Well, here's a letter that will explain itself. I will tell you something first. This letter is from my boy, the only child I have. We are poor people, we live on wretched land and can scarcely make enough to keep soul and body together. This boy of ours was a very bright boy, so bright that we decided we would send

him to college. I had to work day and night, and then help my wife sew for our neighbours, to get money to keep the boy at College five years. He graduated with honours, and then he seemed so bright that we decided to try and make money enough to send him to one of the great Northern universities to get him off. You know," he said, "something of the expenses of those universities, and we succeeded in keeping him there three years more. We worked very hard," he said, "see these fingers of mine," he had the horniest hands I ever saw—he said, "his mother's hands are like mine, we have almost lost our health, but we made our boy," and he was turning the letter over, and at last he said "Just about two weeks ago he graduated with First Degree as Doctor of Philosophy of his university, and I received this telegram which read, 'I graduated to-day with first honour,' and," he said, "when I got that we just had enough money to send one to him. I rode five miles to the telegraph station and sent! 'Father and mother very proud of their boy to-day,' and then I got this letter yesterday, and it has broken my heart. I want you to read it."

"I took it and opened it. My heart was about breaking—I could not read the letter, my eyes were full of sand. The letter read like this "My dear Father and Mother,—I received your telegram the other day just as I was going on the stage to receive my degree and First Honour, and it broke my day, and destroyed all the pleasure I had in the day. I never want you to talk like that again, for since the first announcement was made that I was Honour Student of the University, I have not thought of myself, only of you and your horny hands. I can see those hands of yours, and yours mother, when you talk of being proud of me, think of yourself, and remember the pride of my life is not in myself, but in my mother and father, who made it possible." Well, I have had a great many tender touches in my life, but never had anything that came so near my own heart as that, so full of real good sense and even better affection; and when I think of these young people going out to-day with these prizes that testify to the fondest love and affection of your instruc-

tors in you, I leave this story to you ; and remember, that whatever service you may render to humanity by this training, though not so full as you would like, is far better than nothing, so don't forget to have a place in your affection for the men and women, the teachers and instructors, the people back at home, who made it possible for you to bless humanity by the healing touch."

Dr. Broughton then presented the prizes and gave each of the students a book which had been presented to his class by Dr. Petrie Hoyle.

The President then called on Dr. Cronin to pass a vote of thanks to Dr. Broughton for his kindness in coming and taking an interest in their work.

Dr. Cronin said he had great pleasure in proposing the vote of thanks. It would be a great help to the missionaries to have heard the words of help and encouragement he had spoken, and he proposed a vote of thanks to Dr. Broughton for his kindness in attending there and the way he had spoken..

Dr. Neatby, seconding, said it was a great pleasure to have Dr. Broughton with them, and to have heard his touching and sympathetic words. It was a double pleasure, because he was not only a theologian and divine, but a doctor of medicine, and thus appreciated better the work they were doing than if he were not acquainted with medical work, and he hoped Dr. Broughton would take the opportunity of seeing something of the Hospital where the teaching was carried on.

The President said he would accept the acclamation as an expression of their vote of thanks ; and he thought that ended the business of the day.

Mr. Knox Shaw moved a resolution thanking the President very heartily for his services in the chair. He said : " Your kindness in presiding over the Missionary School is very great, your influence and help very valuable, and your conduct in the chair without reproach " (laughter and applause). The vote was passed with acclamation.

## THE CHILDREN'S HOMŒOPATHIC DISPENSARY.

ALEXANDRA DAY—a day most appropriately chosen for anything likely to benefit the children—was the occasion for a distinguished and representative gathering at Sir Robert and Lady Perks' house, where so much has been done for the cause of Homœopathy.

A more suitable place for the inauguration of the Children's Homœopathic Dispensary could not have been chosen. The meeting was an unqualified success, and awakened an amount of enthusiasm which was most gratifying.

Mr. Ralph Callard (presiding) said: "Ladies and Gentlemen, by the consent of Lady Perks, we have the pleasure of putting before you this afternoon an object which we think should win the attention of everyone. At the moment we are all thinking about hospitals, and we are gathered here to put before you a new scheme. Hitherto we have mainly confined ourselves as homœopaths to the adult portion of the population, and we feel that the day is come when the children should have our attention. I do not think anybody in this room will disagree that we should think about the children of our great city. We want to start them in life well equipped as regards the health of their bodies, and as I am speaking to homœopaths principally, you will agree that we are able to do that better than the other School can.

"Now the Dispensary we want to start is to be situated in the neighbourhood of Shepherd's Bush, Brook Green, Notting Hill and Acton. The population of that neighbourhood has increased greatly of late years, and especially among the poorer classes. For these we have thought of providing a Dispensary to go to, where they can take their children for treatment, and we have succeeded in getting the promised services of some six medical men, in that branch of the profession in which we are all interested, *viz.*, Homœopathy.

"Of course, you are aware that the National Insurance Act, while providing for the adult, does not touch the child, and we want to step in at that point.

"Now it will be obvious to you that nothing can be done in this way without securing the financial help of a number of subscribers, the kind of help that we can look upon to continue for some years to come, and we are making this appeal this afternoon that you will stand by this effort while we get the Dispensary established."

Dr Roberson Day :—"Lady Perks, Mr. Chairman, Ladies and Gentlemen,—We have unfortunately received a great number of letters of regret from those not able to be present. I believe this is due to some extent to the visit of the President of the French Republic to our country, and also to it being Alexandra Day.

"Amongst the number are Sir George and Lady Truscott, who for reasons of health have been obliged to go abroad. Sir George writes : 'With much regret I shall not be able to be present at your meeting, but if you so desire I will with pleasure serve on your Committee.' Thus, you see, he is in full sympathy with us. Also from Lady Durning Laurence, Field-Marshal Lord Roberts and Countess Roberts, Lady Calthorpe, Lady Evelyn Guinness, Countess Dowager of Kintore, Lady Ethel Baird, Sir John Langman, Lord Dysart, Sir Albert and Lady Spicer, Rev. Stuart Holden, who would have come, but he sails for America to-day, Rev. Dr. R. F. Horton, Mr. and Mrs. Stilwell, Mr. Wm. Willett, and others.

"Those, however, who are present are no doubt among the most enthusiastic of our body. The Scheme which we are met together to inaugurate is well known to many of you. It has been talked about for a long time, and we are here to make it a reality and a living thing. We are this afternoon making history, just as much as M. Poincaré is making history in the cause of peace by strengthening the bonds of friendship between us and France. The promotion of the health and well-being of the children of this great city by providing them with homœopathic treatment is surely a noble and worthy object. Hitherto they have been inadequately supplied with homœopathic treatment. Of course, we have the London Homœo-

pathic Hospital, which, for the last sixty years has done most wonderful work, providing for men, women and children. But there have been no special facilities for the children, and the time has now come when this special provision should be made for this need.

"We have only to look at the dominant school and see what course has been followed by them, and we find that so long as sixty years ago the first special Children's Hospital was founded in Great Ormond Street, and now it is one of the finest institutions of the kind, but naturally allopathic.

"As regards our relations to the London Homœopathic Hospital—the parent institution we may call it—they are of the most intimate kind. Two members who have offered to serve on the staff of the new institution are also members of the staff of the London Homœopathic Hospital, and two more who are prepared to join us as soon as their services are required are at present acting as Assistant Physicians to the London Homœopathic Hospital.

"I have already said Sir George Truscott will serve on our Committee and he as you know, is a Vice-President of the London Homœopathic Hospital.

"The site proposed for the new institution has already been dealt with by the chairman, and I think there is no place equal to it, for the following reasons: (1) its rapidly increasing population; (2) the absence of hospitals—the nearest being a mile away, the West London Hospital at Hammersmith—a *General Allopathic Hospital*.

"The objects of this new Institution will be three-fold. First, to provide the children with homœopathic treatment. Second—To extend our knowledge of the special diseases to which children are liable, and their treatment by Homœopathy, and Thirdly—To diffuse a knowledge of Homœopathy, and thus in a very practical way carry on the work of the British Homœopathic Association, and this point should link us very closely to that useful propagandist body.

"Wherever Institutions such as we are seeking to found are established, *there* Homœopathy becomes a power for good and a centre of strength and usefulness."



The speaker then instanced Bromley with its fine hospital, which the other day raised £500 from inhabitants of the district.

Dr. Petrie Hoyle followed, and gave his experiences in America. How many Homœopathic Hospitals have you in London? One! While in Rochester (U.S.A.), with 125,000 inhabitants, there are *three*. In New York I find fifteen hospitals, all under homœopathic control, and two in San Francisco getting State support Philadelphia has six, with two million inhabitants, and there are eleven State Homœopathic Institutions with over 1,000 beds, where Government pays all expenses. The Pneumonia statistics show

Allopathic mortality for last 32 years—29.5 per cent.

Homœopathic „ „ 32 „ —3.9 per cent.

Every homœopath in this room wants this treatment for the babies, and why should not every child in London have it? It is your duty to spread Homœopathy.

The Dispensary should be able to support itself. We are here to start it and run it until it can. We can surely charge more than most hospitals do, and women would pay more for their children than they would for their husbands (laughter). Perhaps some of you have friends who are bored with life. Those are the ones to attack; there is no prescription for boredom better than to get them to work on such a scheme as this.

The Chairman then put the resolution that “*This Meeting is of opinion that it is desirable to establish a Children's Homœopathic Dispensary in London, and pledges itself to use every effort to accomplish this object.*”

Dr. Jessie Murray proposed it as follows. “There is so little that each of us can do, at the same time I feel that anything I might say can never come near the eloquence with which this appeal speaks for itself.

“After having all these points put before us, I am sure the desire will be felt to do something, and well, and go on doing it. We want homœopathic treatment for the children, and it is on the ground of the effectualness of this treatment that I urge it now. We want this institution to be warmly supported. There is the Homœopathic Hospital, but it is so far for the mothers

to take the children, and these mothers want homœopathic treatment for their babies. Shepherd's Bush is an extremely favourable centre. There are an immense number of families growing up, and the children are 'plentiful.' We shall probably have more patients than we know how to deal with."

Mrs. Roberson Day said:—"Lady Perks, Mr. Chairman, Ladies and Gentlemen,—I feel an apology is due for my presence on such a platform. I have two reasons for being here: one is that many years ago I learned to be an obedient wife, and the next is I feel it is a great joy to support this resolution, because it is a magnificent opportunity to show our love for children by supporting this effort in a gracious and earnest spirit. If we will do this we benefit three classes: First, the doctors, by taking all financial anxiety from them; they give their time and skill, and all that lies in their power, do not let us hamper their work for want of funds. Let them feel they have us behind them and loyally supporting them. Then we benefit *the children*. If we know the incomparable advantages of Homœopathy for our children, are we going to grudge these blessings to the children of our poorer sisters who cannot afford to pay a good doctor? Lastly, we benefit *ourselves*. It is our opportunity of showing our interest in the work and of watching individual cases under treatment, thus immensely strengthening our position and powers of argument in convincing followers of the old School; for we shall be able to say we *know*, for we have *seen*. Then, when the Dispensary is opened the children will be wanting clothes. Can you not enlist the help of some of your friends in making garments for the children and also think of them when your own children have outgrown their clothes? By doing this wholeheartedly we shall have a magnificent report to present next year."

Dr. George Burford supported the scheme. "I take it that our presence here this afternoon shows that we are doing our best for the benefit of Homœopathy. Why should we labour to manifest this truth; is it worth our while? Recall the picture of a heart-broken mother, sad father, and the baby sick unto death;

is there nothing we can do to lessen this constant burden of humanity?

"Now let us see what the statistics say with regard to the results of the treatment by Homœopathy. *Pneumonia*.—Under Homœopathy children have twice the chance of recovery as their mortality is only half that of the old School.

"Now with regard to the well-known summer complaint of children; last year we had a good opportunity for seeing what Homœopathy could do. Seventy-eight cases were admitted to the London Homœopathic Hospital and there were *no deaths*.

"We are met here this afternoon to talk about a Children's Dispensary. I am very glad to hear that already there has been some financial support. There is no reason why the patients should not pay for the treatment they receive whenever possible. Two years ago I talked to Mr. C. S. Loch, and he said that every patient should pay something, if only a halfpenny, as this does away with the sense of charity. In an institution in Paris, founded during the last ten or twelve years, two-thirds of the expenses are subscribed by the patients, and they are all poor people. I shall be delighted to look forward in the future to find in every suburb of London an institution such as we are to-day met to inaugurate.

"There is no reason why the London Homœopathic Hospital should not work with this new Dispensary. I am very much for the extension of homœopathic treatment in the metropolis. I have much pleasure in supporting the adoption of this resolution."

The Chairman then put the resolution, which was carried unanimously.

Mr. Handfield Morton said: "We have come here to-day to inaugurate a Children's Dispensary. We should all like to see the advantages of Homœopathy extended. When an institution is started it opens with a good deal of enthusiasm, and as work goes on this enthusiasm is a little inclined to wane at times. Mrs. Roberson Day spoke very wisely about leaving the doctors and nurses free from all anxiety as regards finance. Now if there are in this room nineteen people, ladies and

gentlemen, who will give their names to the Chairman, before leaving, guaranteeing the payment of £5 each year for three years, I will be very glad to make the twentieth.

"I have been asked to move the resolution of the medical staff. Dr. Sandberg, Dr. McCall, Dr. James Johnstone, and Dr. Roberson Day. I have much pleasure in presenting the names of these gentlemen."

Mr. Joseph Howard, J.P., seconded the resolution, which was carried unanimously.

Dr. Hall Smith, in proposing the Committee of Management, said: "An institution cannot run successfully unless it has a good deal of management. The names you will all recognise:—Sir Geo. Truscott, Bart., Ralph Callard, Esq., G. W. Budden, Esq., Dr. George Burford, Dr. Roberson Day, Oscar Giessmann, Esq., Dr. James Johnstone, Wilfred Medd, Esq., James Moberly, Esq., Dr. McCall, and Dr. Sandberg."

Dr. Fergie Woods, in seconding, said: "I am quite sure this new Dispensary for Children is in good hands, There are still some people who say there is no room for a Children's Dispensary, and some who say it would detract from the Great Ormond Street Hospital. These critics will find they are mistaken."

The resolution was carried unanimously.

Mr. G. W. Knox proposed the Ladies' Committee as follows:—Lady Ethel Baird (President), Mrs. Holman, Mrs. W. Brooks, Mrs. Roberson Day, Mrs. Kimber, Mrs. Handfield Morton, Mrs. Henry Wood, which was seconded by Dr. James Johnstone and carried unanimously.

As regards the probable cost—a suitable house can be obtained for £70 to £75 per annum, which, with rates and taxes, will be, say, £100 per annum. Then a salary will be required for the housekeeper, who will also act as nurse. Later on a dispenser will be required and a lady clerk for the official work, besides drugs, instruments and fittings. Towards this £262 (July 8th) has been paid or promised. At least £400 will be required the first year.

A hearty vote of thanks was then proposed, and

unanimously carried, for Lady Perks, who had so hospitably entertained the company.

This was replied to by Sir Robert Perks, who was present during the greater part of the meeting, showing his sympathy with the movement to extend Homœopathy.

A vote of thanks to the Chairman concluded the formal business.

After the formal proceedings had ended, the company adjourned for tea and refreshments, kindly provided by Lady Perks. This gave a favourable opportunity for conversation and introductions. Plans were talked of and suggestions made for carrying on the work. Every one appeared to be anxious to do something—an American lady now living in London told of her experiences in the Hospitals of U.S.A.—which may be most useful. One could not help noticing the *new* interest which had been aroused. An appeal for the children has always a magical effect, and when this was made to an audience who knew what Homœopathy does for children—to mothers who have watched their children transformed by the pleasant doses, taken without a struggle—the success of the work was assured.

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## CUPRUM.

### GENERAL CHARACTERISTICS AND THERAPEUTIC ACTION.

CUPRUM, or Copper, is one of the heavy metals, and has a combining weight of 63.4. Its chief source is copper pyrites, a double sulphide of copper and iron, which exists in both primary and secondary rocks and is accompanied by most of the other ores of copper. It also occurs native. The ores are of varying colours according to their composition, the pyrites being yellow and the carbonates either blue (chessylite), or green (malachite). Copper is the only metal of a red colour. Its specific gravity is 8.96. In classical times large supplies of the metal came from Cyprus, whence its name, Copper. It is moderately hard, very malleable, ductile, tenacious and has great conducting

power for heat and electricity. It is acted on more or less rapidly by organic acids and vegetable juices containing acids, and the compounds formed are somewhat soluble and poisonous ; it is necessary, therefore, that care should be exercised in the employment of copper and brass for culinary purposes. It forms two principal alloys ; bronze, an alloy of copper and tin, and brass, an alloy of copper and zinc.

Copper is a normal constituent of the human organism, traces of it are found in the serum, blood and bile, and it is always present in the liver. (1) In some of the lower organisms it seems to take the same place that iron occupies in hæmoglobin, for in some arachnida, crustacea, gasteropoda and cephalapoda a body is found, called hæmocyanin, analogous to hæmoglobin, but containing copper instead of iron. This body takes up loosely bound oxygen and parts with it again just like hæmoglobin. Copper is very poisonous to some of the lower plants, such as algæ. Nægeli says that one part of copper in one thousand million parts of water is sufficient to destroy them, and water distilled from copper vessels is rapidly destructive of spirogyra. (2) Dilute solutions of copper salts as well as colloidal copper are inimical to pathogenic bacteria when the solutions are not weaker than one in 100,000. They have power to destroy the following bacteria in the order in which they are here enumerated, *viz.*, bacillus typhosus, bacillus dysenteriae, staphylococcus pyogenes aureus, bacillus coli communis, bacillus cloacæ, bacillus proteus vulgaris, and bacillus prodigiosus. (3) Solutions of copper when much more dilute than these sometimes appear to have an invigorating effect on bacterial activity. (4) Similarly the eggs of frogs put into a solution of copper of the strength of 1-2 mg. of the sulphate to 1 litre, are advanced in their hatching by two or three days ; at a less concentration than 1 mg. to the litre the excitation diminishes ; at a concentration of above 2 mg., the solution becomes toxic and the larvæ hatched are non-viable. Oysters take up large quantities of water when they live in water rich in it, and are not injured, and the grape vine is improved by copper sprinkling, and this not merely because

injurious parasites are destroyed, but on account of traces of metal being taken into the plant, diffused to all the cells of the organism and remaining there probably in a colloidal form, produce an excitement of the biochemical reactions which is shown by a more speedy maturation of the grape, and a greater richness in sugar. The stimulation of biochemical reactions caused by minute traces of copper may be due to its action as a ferment, for copper possesses a special catalytic power. (4) It has been shown by experiment that reduced copper acting at a temperature of  $180^{\circ}$  on acetylene alone can provoke by catalysis the condensation of the molecule and the formation of a new hydrocarbon, yellowish, solid, and a little richer in carbon than acetylene, *viz.*, cupreme. In the same way MM. Sabatier and Senderens have succeeded by the catalytic action of copper in producing synthetically various petroleums. (5) Copper is absorbed from the stomach and intestines, and in larger proportion the smaller the dose. It also passes into the blood from other mucous surfaces and from wounds. It has a strong affinity for hæmoglobin, and forms with it a compound named by Kober cuprohæmol, which forms very rapidly when copper is injected into the blood. The copper absorbed from the stomach and intestines is lodged mainly in the liver and to a less extent in the spleen, kidney and thyroid. It is excreted in the bile, urine, and saliva, in the intestinal secretions, and in the milk. It is said to pass from the mother to the foetus in utero.

Like the other heavy metals, copper and its salts form an albuminate with animal tissues and thus act as an astringent or mild caustic. On this account it has been used as an injection in gonorrhœa, leucorrhœa, chronic diarrhœa and dysentery, as an eye lotion, and a mouth wash. Crystals of the sulphate have been employed to repress the exuberant granulations of ulcers, to remove warts, and to reduce trachoma. It is a very safe caustic, as its action is limited to the surface to which it is applied. Its bactericidal properties make it useful for parasitic skin diseases. (6) Copper oleate made with lanolin into an ointment of a strength of

10 to 20 per cent., is an excellent parasiticide for ringworm. Copper when taken in any considerable quantity is an irritant to the gastro-intestinal tract, causing vomiting and purging with abdominal pain and the passage of green or blood-stained stools and mucus, with rectal tenesmus, symptoms common to irritant poisons and due partly to its local action. But it has a specific action along the alimentary tract apart from its local action, connected no doubt with the fact of its excretion by the intestines. The emetic action is well-marked and forcible, and is due to irritation of the stomach, not to any action on the medulla, for intra-venous injections do not cause it. The vomiting and purging are accompanied with abdominal tenderness, tympanites, and general pain, chiefly in the umbilical region, which is worse from pressure. There are also violent colic and cramps in abdominal muscles, with remissions. The abdomen during the cramps is hard and retracted and the patient bends double to gain relief. Pressure does not increase the colic pain. The colic is accompanied with or followed by stools that are green, foetid, liquid, or watery, whitish, or bloody, and there is great urging. The diarrhœa may be followed or replaced by obstinate constipation, still with painful urging from spasmodic contraction of the sphincter and levator ani and the muscular fibres of the rectum. Cramps in the limbs may also be present, especially in the lower extremities. It is principally in the alimentary tract that post-mortem changes from taking copper have been found. The mucous membrane of the stomach is inflamed in patches and this condition extends into the duodenum, the small intestines and rectum. The omentum is inflamed, as also to a slight degree is the border of the liver. The solitary and Peyer's glands and the mesenteric glands are swollen. The inflammation is, however, not very severe and does not run on to ulceration or gangrene, as may occur with *Arsenic* and *Mercury*. The distinguishing features of the gastro-intestinal symptoms of Copper are the violence of the vomiting and the presence of cramps, which are due to its specific action on the neuro-muscular system. This is the main sphere



of its activity. (5) Injected either subcutaneously or intra-venously, Copper induces in the frog great weakness and eventually complete paralysis of the voluntary movements and of the heart. In this the central nervous system is primarily affected, but there is also a direct action on the muscles and fibrillary contractions are observed. The heart-beat is at first somewhat accelerated by very small quantities, but later becomes slow and weak, and finally ceases in diastole before the skeletal muscles are paralysed. The changes in the heart are due to direct action on the muscles. When large quantities are injected into mammals locomotion soon becomes slow, clumsy and weak, and later complete paralysis of spontaneous movements follows. The heart and respiration seem equally involved, but respiration ceases first. The blood pressure rises slightly at first, but afterwards falls. The vaso-motor nerves fail to maintain contraction of the blood-vessels.

As is always the case, the experiments on animals, though useful for showing the parts of the organism affected, do not bring out the characteristic actions of the drug as the minute doses used in the human provings do, and are much less able to afford us indications for therapeutic purposes.

The pathogenesis of copper appears in the third volume of "Hahnemann's Chronic Diseases." The neuro-muscular symptoms elicited by the provings are convulsions and cramps. The convulsions are most marked in the lower extremities. They often begin in the hands and feet and extend thence to the larger muscles. The cramps are violent with piercing, burning constrictive and shooting pains. The limbs may be rigid in the intervals between convulsions. There is also great weariness and weakness of the limbs. Increasing general weakness. Prostration. Convulsion alternating with collapse. Convulsions and cramps are the keynotes for the use of *Cuprum*. They are the indications for its employment in cholera and choleraic diarrhœa, or any gastro-intestinal affection in which they are present. Convulsions accompanying the paroxysms of whooping-cough call for it. It is one of the best remedies for epilepsy and for the

convulsions of teething and the carpopedal contractions of infancy. Convulsions following suppressed discharges or repressed eruptions. Spasmodic respiration and asthmatic attacks. Violent after pains. Cramps in the feet and legs from whatever cause.

In severe cases of poisoning there are attacks of delirium with lucid intervals, the delirium being accompanied by fever and a full, quick, hard pulse. In chronic poisoning there are profound dejection and anxiety, a sad and miserable expression and extreme want of power in collecting thoughts. The most prominent emotional state is fear. Many cases of epilepsy and chorea brought on by a fright, have been cured by it. The disposition is malicious and morose. The headache is often severe and mostly frontal. There may be somnolence and semi-consciousness going on to coma with pale face, cheeks and eyes sunken, the lower jaw hanging down, the pupils abnormally dilated and insensitive to light. Other symptoms of the cerebro-spinal nerves are severe pressing pain in a straight line from the temples to the angle of the lower jaw, numbness of various parts, especially of the extremities, tearing and burning pain of superficial character and changing locality. Tremulous, shivering like an ague fit.

*Cuprum* depresses the heart. The provings show that it produces palpitation, precordial anxiety and pain. It has been found of great benefit in cases where a weak heart muscle exists with attacks of precordial pain like angina pectoris. The pulse may be hard, full and quick with fever, red face and dry skin, but the more usual condition is for the pulse to be small and contracted, whether quick or slow, and the skin cold and moist with subnormal temperature. The affinity of copper for hæmoglobin has suggested its use in anæmia, and it has been given in some cases with good result. Chlorosis from abuse of iron.

The respiratory symptoms of Copper are all due to its action on the nervous and muscular apparatus concerned in respiration. They are frequent singultus, short, hurried, irregular breathing, obstinate hiccough, dyspnœa with laryngeal and bronchial spasm, paroxysms

of violent cough without expectoration or physical signs and sharp, cramping pains in the chest. Its therapeutic use corresponds. It has been found useful in the paroxysms of asthma and in whooping-cough, especially when there are convulsions. By the old school it is sometimes employed as an emetic in croup, when possibly a specific influence reinforces its emetic action.

Copper is excreted by the skin in cases of poisoning. The skin is cold, moist, clammy, even doughy, pale or slightly yellow. There may be much perspiration increased by the warmth of fire or bed. Petechiæ on the chest and arms have been noted, and in one case there were red, raised spots the size of sixpence, and covered with blisters. Dr. Hughes says: "A dilution of the acetate has given me quite a fresh power over chronic psoriasis and lepra. In nearly all cases there is more or less complete suppression of urine during the acute stage of poisoning; later the urine contains albumen and casts; in severe cases blood cells and hæmoglobin. If the irritation of the kidney is long continued secondary inflammation of the interstitial tissue and ultimately cirrhosis of the kidney results. *Cuprum* is indicated in the cramps and convulsions of uræmia. In the chronic poisoning of workmen a green line is observed on the teeth and a purple line on the margins of the gums. The workmen are liable to intermittent attacks of shivering, followed by profuse sweating, with possibly a short hot stage intervening between the two. It has been observed that men employed in copper works have escaped cholera during epidemics in which it has been rampant in the neighbourhood, and copper has been recommended in consequence as a prophylactic during epidemics of cholera.

General prostration, fainting fits, coldness, paralysis of isolated muscles, cramps, convulsions, violence of muscular action alternating with weakness, and a mental condition of fear and anxiety are the leading symptoms calling for *Cuprum*.

*Aggravations*.—From touch and pressure, from vomiting, before menses, from suppressed discharges,

evening and night, from cold air and cold wind. Dyspnœa and cough are > bending the body backwards.

*Ameliorations.*—During perspiration. A drink of cold water > vomiting, hiccough, and spasms; wrapping the head up > headache.

*Antidotes.*—To large doses: sugar or white of egg mixed with milk is given frequently. To potencies: Hepar. For spasms and convulsions: *Bell*, *Cicuta*, *Chamomilla* and *Nux v.*

*Cuprum metallicum* is the form in which Copper is most often employed therapeutically by homœopaths, but the *acetate*, *sulphate* and *arsenate* are also sometimes used.

*Cuprum Aceticum, Verdegris.*  $\text{Cu } 2(\text{C}_2\text{H}_3\text{O}_2)_2\text{H}_2\text{O}$ .

The symptoms are practically identical with those of *Cuprum met.*, and it can be used interchangeably with it. Its solution was Rademacher's Tincture of Copper.

*Cuprum Arsenicosum.* Scheele's green.  $\text{Cu HAsO}_3$ .

It combines the characters of Copper and *Arsenic*, and has been employed principally in gastro-intestinal affections of a severe character such as cholera and some painful forms of dysentery. Also in angina pectoris. Cold, clammy perspiration of an intermittent nature is a unique and characteristic symptom.

*Cuprum sulphuricum.*  $\text{CuSO}_4, 5\text{H}_2\text{O}$ .

Used chiefly as a caustic to stimulate the flabby granulations of ulcers for granular ophthalmia and trachoma, and syphilitic sores on the tongue; for thrush; also as an emetic. In doses of 5 to 10 grains it causes much nausea and forcible vomiting. It is more irritating than zinc sulphate and acts more readily, but has the disadvantage that if it fails to act the stomach must be promptly emptied by some other means, for if not the sulphate will cause inflammation. It is particularly serviceable as an emetic in phosphorus poisoning, as copper is deposited on the phosphorus and renders it inert. It has been used to cure chlorosis. It is largely employed in horticulture as a parasiticide.

#### SCHEMA.

*Mind.*—Delirium, with fear of those around him; tries to escape. Paroxysms of deathly anxiety. Full

of fears. Malicious; morose. Mental and bodily exhaustion with restlessness.

*Head.*—Severe lancinating pains in vertex, temples, occiput, coming on in paroxysms, < least pressure. Bruised pain in brain, and also in orbits on moving the eyes. Crawling or tingling in the vertex. Affections of the brain in children with catarrhal fever, difficult dentition or exanthemata.

*Eyes.*—Itching in the eyes towards evening. Eyes red, inflamed, wandering, sunken, with blue rings around. Convulsions and restless movements of the eyes.

*Nose.*—Sensation of great congestion of blood to the nose. Epistaxis. Bones of nose very sore, especial on pressure (*Cup. arsen.*).

*Face.*—Expression anxious, dejected, wild. Cheeks red, bluish, pale, sunken, pasty, yellow, collapsed. Cold, clammy sweat on the forehead. Jaws closed tightly; spasms.

*Teeth.*—Greenish stain on teeth, with a purple line round the gums.

*Mouth.*—Strong metallic taste, with flow of saliva. Tongue clammy, cold at the tip, coated white. Constant protrusion and retraction of the tongue. Paralysis of the tongue. Water accumulates in the mouth. Foam in the mouth.

*Throat and Œsophagus.*—Sensation of constriction in the throat; spasms. Dryness of the throat, with thirst. Audible gurgling of fluids passing down the œsophagus.

*Desires and Aversions.*—Desires cold things in preference to hot. Unquenchable thirst.

*Nausea and Vomiting.*—Nausea, retching, hiccough. Frequent and violent vomiting, > cold drinks. Vomiting of water, of bile, of mucus, of blood. Burning and coppery eructations. Violent vomiting with pain in the epigastrium and cramps in the abdomen.

*Stomach.*—Violent pain in scrobiculus cordis, < pressure, touch or movement. Deathly feeling with pain behind ensiform cartilage.

*Abdomen.*—Bruised pain in hypochondria, < touch. Abdomen tense, hot and tender to touch. Violent

intermittent colic, bends double, not worse from pressure. Spasms of the abdominal muscles. Severe burning, cramping pains (*Cup. arsen.*).

*Rectum and Stool.* Obstinate constipation with constant tenesmus. Diarrhœa; stools copious, liquid, foetid, whitish, green or bloody, with cutting and tenesmus. Rectal tenesmus with almost constant mucous discharges (*Cup. arsen.*).

*Female Sexual System.*—Complaints before menstruation, which is too late and protracted. Cramps extending into the chest, before, during or after the menses. Menses not appearing after suppressed foot sweat. Severe after pains, especially in multiparæ.

*Respiration.*—Dyspnœa. Respiration accelerated, rattling, with convulsive efforts of the abdominal muscles. Paroxysms of coughing without physical signs of lung affection. Cough and dyspnœa, < bending the body backwards. Laryngeal and bronchial spasm; whooping cough; asthma. Cramps in the chest that cut short the respiration and the voice.

*Heart.*—Palpitation. Præcordial anxiety. Burning pain at the heart; cardialgia. Angina pectoris. Pulse changeable, imperceptible, small, soft. Cardiac chorea—paroxysmal attacks when heart beats are at one time irregular and feeble, at another time irregular and violent, with normal intervals (*Cup. arsen.*)

*Limbs.*—Cold extremities. Cramps in the limbs, especially in the calves and soles. Painful weariness and stiffness in the limbs. Convulsions beginning in fingers and toes. Suppressed foot-sweat.

*Skin.*—Eruptions resembling dry itch, especially in folds of joints. Psoriasis.

*Sleep.*—Profound sleep with shocks in the body and starting in the limbs. Constant grumbling in the abdomen during sleep.

*Chill, Fever and Sweat.*—Chills, with shivering, followed by sweat. Cold, clammy perspirations. Profuse, cold night sweats.

*Generalities.*—Symptoms appear periodically and in groups. Nervous trembling with great acuteness and sensitiveness of the senses. Great lassitude and sinking of the whole body, with muscular

weakness. Many aching or bruised pains < on being touched. Clonic and tonic spasms. Cramps. Convulsions with piercing cries. Convulsions beginning mostly in fingers and toes. Convulsions from suppressed eruptions or discharges. Child lies on belly and spasmodically thrusts breech up.

*Relations.*—*Plumbum* resembles *Cuprum* somewhat in its action on the nervous system, but its action is deeper and more lasting.

*Plumbum* causes organic changes in the nervous tissues, *Cuprum* does not, or if it does they are very slight.

*Zincum* resembles *Cuprum* in its ability to cure the symptoms arising from suppressed eruptions and discharges. It resembles it also as an emetic.

In cholera *Cuprum* compares with *Camphor* and *Veratrum*. *Cuprum* is suitable for the cases marked by convulsions and cramps, *Camphor* for cases characterized by extreme coldness and more or less dryness. *Veratrum* when copious sweat, vomiting and purging are the main features. All three have great coldness. With *Veratrum* and *Copper* the patient is willing to be covered up, but with *Camphor* he desires to be uncovered and cool.

In epileptic convulsions it compares with *Cicuta* in the violence of the attacks.

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- (3) H. V. Clark and S. De M. Gage.—“Bactericidal Action of Copper,” *Journ. Infect. Dis., Chicago*, 1906 [Suppl., No. 2], 175-204.
- (4) Porchet.—“Le cuivre excitant des reactions chimiques et biologique.” *Rev. Scient., Paris*, 1911, i., 193-200.
- (5) Cushing.

BRITISH HOMŒOPATHIC CONGRESS, 1913.

*President*—WILLIAM CASH REED, M.D.(Edin.).

*Vice-President*—JAMES JOHNSTONE, M.B., F.R.C.S.

*Hon. Secretary and Hon. Treasurer*—GEORGE BURFORD, M.B.

*Hon. Local Secretary*—JAMES WATSON, M.B.

*Council*—The President, The Vice-President, The Retiring President, The Honorary Secretary and Treasurer, The Hon. Local Secretary, C. O. Bodman, M.D., G. F. Goldsbrough, M.D., A. E. Hawkes, M.D., D. MacNish, M.A., M.D., E. A. Neatby, M.D., W. T. Ord, M.R.C.S.

The Annual Congress will be held this year in Liverpool, at the Midland Adelphi Hotel, on Friday, September 19th.

The Presidential Address will be delivered at 10 o'clock, a.m., punctually, entitled "The Hospital of To-morrow," by William Cash Reed, M.D.(Edin.), Joint Gynecologist to the Hahnemann Hospital, Liverpool.

Any visitors, ladies as well as gentlemen, who may desire to hear the President's Address will be welcome.

The Council, having approved the Minutes of the last Congress, recommend them for confirmation by the Congress.

After a brief interval, the Members of Congress will assemble, and a Conjoint Paper will be submitted by D. MacNish, M.A., M.B., Physician to the London Homœopathic Hospital, and J. G. Hare, M.D. (Freiburg), Pathologist and Bacteriologist to the same Hospital, and Assistant Lecturer on Comparative Pathology and Bacteriology to the University of London, King's College, entitled "The Importance of the Collaboration of the Physician and the Clinical Pathologist in the Homœopathic Practice of Medicine."

The Discussion on this Paper will be opened by James Johnstone, M.B., F.R.C.S., Gynecological Physician to the London Homœopathic Hospital, and Henry Mason, M.D., Medical Officer to the Leicester Homœopathic Hospital. The Discussion will be closed by a reply from the writers of the Conjoint Paper.



The Congress will adjourn at 1 o'clock for Luncheon to the New Suite of the Midland Adelphi Hotel, and the Homœopathic Physicians of the Liverpool and the District have intimated their desire to be the Hosts of the Congress on this occasion.

Immediately on the conclusion of the Luncheon the Congress will take up official business, consisting mainly in arrangements for the meeting of Congress in the ensuing year.

#### AFTERNOON MEETINGS.

The Council have the pleasure to announce that, with the assent of the Vice-Chancellor of the University of Liverpool, the Principal Meetings of the Afternoon will be held in the Buildings of the Liverpool University.

At 3 o'clock p.m., a paper will be read by Edwin A. Neatby, M.D., Physician for Diseases of Women to the London Homœopathic Hospital, entitled: "On the Management of Cases of Uterine Malposition." This meeting will be held in the Lecture Theatre of the Gynecological Department.

At 3.30 o'clock p.m., a Demonstration will be given, in the Physiological Laboratory of the Medical School, by Dr. J. G. Hare, assisted by Dr. Rajchmann, of Some Modern Methods of Precision in the Differential Diagnosis of Disease.

At 4.15 p.m., a Lecture-Demonstration will follow (in the Museum of the School of Tropical Medicine, University Buildings) of Pathological Developments in certain forms of Tropical Disease.

At 5 o'clock p.m., the Congress will adjourn for Tea to the Hahnemann Hospital, at the kind invitation of the Board of Management of the Hospital.

Dr. Charles Hayward will immediately afterwards give a demonstration of Ionic Medication Methods.

Also at 5.30 o'clock, under the conduct of Dr. A. E. Hawkes, in conjunction with other members of the Hospital Medical Staff, a visit will be paid so some special cases of interest, probably including unusual instances of Tropical Disease, in the Hospital wards.

At 7 for 7.30 o'clock p.m., the Members of Congress, with their friends—ladies as well as gentlemen—will dine in the New Suite at the Midland Adelphi Hotel.

Members of Congress are requested to register their names in the Secretary's Office in the Ante-Room of the New Suite immediately on arrival.

The subscription to the Congress is fifteen shillings. Subscriptions may preferably be remitted to the Treasurer at any time prior to the meeting of Congress.

Dinner Tickets for the guests of Members of Congress may also be obtained from the Treasurer, before or during the Congress Session. The price of such Invitation Tickets is 7s. 6d.

TIME TABLE.

*Thursday, September 18th—*

By courtesy of the Committee of the Royal Liverpool Golf Club, the Championship Links at Hoylake will be open to Members of Congress for the day. A medal Competition will be held. Names of intending competitors must be received by the Honorary Local Secretary, not later than Saturday, September 13th.

9 o'clock p.m.—Reception by the President of Congress and Mrs. Cash Reed, at the Midland Adelphi Hotel.

*Friday, September 19th—*

8.45 o'clock.—Breakfast to Members interested in the new Children's Homœopathic Dispensary in London. (Intimations to Dr. J. Roberson Day before the hour of meeting.)

10 o'clock.—The Presidential Address.

11.15 o'clock.—Paper by Drs. MacNish and J. G. Hare.

1 o'clock.—Adjournment to Luncheon.

2 o'clock.—Business Meeting.

3 o'clock.—Paper by Dr. E. A. Neatby in the Lecture Theatre of the Gynecological Department in the University Buildings.

3.30 o'clock.—Demonstration by Dr. J. G. Hare and Dr. Rajchmann in the Physiological Laboratory in the University Buildings.

4.15 o'clock.—Lecture-Demonstration by Dr. Hare and Dr. Rajchmann on Pathological Specimens of Tropical Disease.

5 o'clock.—Tea at the Hahnemann Hospital, followed by Demonstration by Dr. Charles Hayward.

5.30 o'clock.—Visit to the Hahnemann Hospital Wards, conducted by Dr. A. E. Hawkes and Colleagues.

7 for 7.30 o'clock. Dinner at the Midland Adelphi Hotel.

*Saturday, September 20th—*

At 9.30 o'clock a.m.—A Demonstration will be given to Members of Congress of Interesting Cases and Methods in Pædiatrics, at the Royal Southern Hospital. Applications to the Hon. Local Secretary.

Visit to the Southport Homœopathic Hospital. Application to Dr. Cronin Lowe, Southport, who will arrange for the reception of visitors.

Visit to the New Royal Infirmary at Manchester, built from plans by the Architect of the London Homœopathic Hospital (E. T. Hall, Esq., F.R.I.B.A.). (Application to Dr. J. G. Hare.) A train leaves Lime Street Station at mid-day.

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## NOTIFICATIONS.

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\* \* Under this heading we shall be happy to insert notices of appointments, changes of address, etc., and holiday arrangements.

MR. C. KNOX-SHAW.

Mr. Knox-Shaw's telephone number has been altered to 2502 Mayfair.

DR. HALL SMITH.

Dr. Hall Smith's telephone number has been changed to 6339 Hampstead.

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ARSENIC.—After administrations of arsenic, the latter can be detected in all parts of the organism, but the various parts can be arranged in the following descending order as regards their arsenic content: Nails, hair, spleen, thyroid gland, skin, lungs, liver, kidneys, heart, sacrum, muscle, generative organs, and brain. Arsenic commonly occurs in the hair, even when absent from all other parts. Normally, urine contains no arsenic or only traces. Soon after administration it can be detected in the urine, and soon disappears again in ten to twelve days after administration ceases. A small amount of arsenic appears in human milk. Both in man and animals only traces of arsenic are found under normal conditions, and this appears to have no physiological significance and to be absorbed merely in the form of impurities in food, etc.—W. H. Bloomendale, *Arch. Pharm.*

## SOCIETY'S MEETING.

### BRITISH HOMŒOPATHIC SOCIETY.

THE tenth and eleventh meetings of the Society were held on July 2nd and 3rd at the London Homœopathic Hospital. Dr. E. B. Roche, the President, was in the chair. At the first meeting Dr. Stephenson, of New Zealand, was proposed as a member, and Dr. Schæffer and Dr. Ray elected. Dr. Miller Neatby was proposed as a Fellow of the Society. Certain rules were proposed with regard to associate members of the Society and the Journal of the Society. The annual subscription in future is to be 25s. and this will entitle a member to the Journal every month. Specimens were exhibited by Mr. Granville Hey, Dr. Neatby, and Dr. Hare. Dr. Sandberg and Dr. Goldsbrough read papers on the Treatment of Neurasthenia, which were followed by a discussion. The Dinner Club met for the last time for this Session after the meeting.

On July 3rd, Dr. Stephenson was elected a member and Dr. Miller Neatby a Fellow of the Society. The reports of Treasurer and Secretary were read and adopted, and the Council's recommendation as to associate members and the Journal were passed. The officers for 1913-1914 were elected as follows :— Dr. Vincent Green, President ; Dr. H. E. Deane, first Vice-President ; Dr. A. M. Cash, second Vice-President, and Mr. Knox Shaw, Treasurer. The proceedings and the Session ended with a valedictory address from the President.

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CACTUS GRANDIFLORUS IN ACUTE CARDITIS.—In acute carditis *Cactus grandiflorus* is indicated when the following symptoms are present : Oppression of breathing, *bluish* hue of the face, pains of a prickling nature in the heart, dry cough, inability to lie on the left side ; the pulse quick, hard, tense and throbbing. In the chronic condition it is indicated when the face is *cyanotic* and *œdematous*, the respiration is of a suffocating character, a dull pain is continuous in the heart, and *the whole body is dropsical*, hands and feet cold, pulse *intermittent*, and inability to either speak or drink.

# BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED).

## RECEIPTS FROM JUNE 16TH TO JULY 15TH, 1913.

### MEETINGS.

#### GENERAL FUND.

##### *Subscriptions.*

	£	s.	d.
Dr. George Clifton .. .. .	1	1	0
Dr. Le Hunte Cooper .. .. .	2	2	0
Mr. and Mrs. Lee Mathews .. .. .	2	2	0
Dr. F. H. Bodman .. .. .	1	1	0
Mrs. Alfred Drysdale .. .. .	10	6	
B. Parsons, Esq. .. .. .	2	6	
Dr. Arthur Sandberg .. .. .	1	1	0

##### *Donations.*

Mrs. Hall (per Dr. Burwood) .. .. .	2	2	0
Miss Mould (per Dr. Burwood) .. .. .	10	0	

#### NATIONAL HOMŒOPATHIC FUND.

##### *Subscriptions.*

Miss Bevan Brown .. .. .	10	6	
Mr. Dudley Wright .. .. .	2	2	0
Miss H. E. Roberts .. .. .	1	1	0
The Misses Cox .. .. .	5	0	

The Quarterly Meeting of the Council was held at Chalmers House on July 8th.

The usual Monthly Meeting of the Executive was held at Chalmers House on July 15th.

The Beit Research Fund Committee held a meeting at Chalmers House on July 15th

### HOLIDAYS.

The Office will be closed for summer holidays, July 26th to August 9th.

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SILICEA.—After the acute condition has been arrested but the ulceration does not heal ; when the discharge is thin and watery ; when the skin is cold and moist ; when the surrounding tissue still remains indurated, or when there is a repetition of the carbuncle ; like the *Hepar* patient the *Silicea* patient is always cold ; the pains which are like those of *Hepar* are better from warmth. The 3rd to the 1,000th have served me well.—**GEO. ROYAL** in *Iowa Homo. Journal*.

## CORRESPONDENCE.

### THE INTERNATIONAL HOMŒOPATHIC COUNCIL.

[TO THE EDITOR OF THE "HOMŒOPATHIC WORLD."]

DEAR SIR,—The International Homœopathic Council ask that you will kindly record in your Journal that the following gentlemen have most generously contributed one guinea each towards the funds of this Council; we desire at the same time to thank these colleagues in the name of this International body for having so willingly and promptly responded. It will form one more bond and show those who are holding the flag under stress and conditions but faintly understood, perhaps, by those who work under the shadow of the large and strong Metropolitan Homœopathic Hospital, that you work for and think of all.

A brief survey of our annual report will convince anyone that we have tried to work, and have in some measure done what could not be done by any local effort, and it should stimulate us all to consider the International side of our tenets, and recognise that while we feel quite sure of our own position, there are many of our colleagues who are hard pressed, much as were our men some fifty years ago, hard though it may be to credit.

Again we desire, in the name of many nations, to thank the following colleagues (the names are given as they appear on the subscription list)\* :—

Dr. E. B. Roche.	Dr. H. Mason.
Dr. MacNish.	Dr. Wilmot.
Dr. J. Johnstone.	A Friend.'
Dr. Knox Shaw	Dr. H. Wynne Thomas.
Dr. A. Kennedy.	Dr. Tyler.
Dr. Granville Hey.	Dr. H. Fergie Woods.
Dr. Cronin.	Dr. J. C. Powell.
Dr. E. A. Neatby.	Dr. Burwood.
Dr. Goldsbrough.	Dr. Spencer Cox.
Dr. Stonham.	Dr. Minter.
Dr. E. E. P. Tindall.	Dr. Gibson Miller.
Dr. J. R. Day.	Dr. Dudley D. A. Wright.
Dr. Cash Reed.	Dr. Octavia Lewin.
Dr. A. Hawkes.	Dr. V. Green.

\* Other subscriptions have since been received.

Dr. Hall Smith.  
Colonel Deane.  
Dr. Alexander.  
Dr. John Weir.  
Dr. Byres Moir.  
Dr. Cooper.  
Dr. Greig.  
Dr. S. Spencer.

Dr. Cavanagh.  
Dr. Frederick Neild.  
Dr. George Clifton.  
Dr. J. Henry Bodman.  
Dr. Ambrose.  
Dr. Midgley Cash.  
Dr. Wingfield.  
Dr. John Lang.

Yours very sincerely,

For the I.H. Council,

E. PETRIE HOYLE,

*Hon. Associate Secretary.*

84, Holland Park,  
London, W.,

*July 17th, 1913.*

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## VARIETIES.

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AN OUTBREAK OF ARSENICAL POISONING DUE TO PAINT.—Recent agitation in Sweden in favour of more stringent precautions against arsenical poisoning is largely the outcome of a serious epidemic occurring in Stockholm in a block of houses which were converted into Government offices in 1911. The epidemic which broke out soon afterwards, and which continued till early in 1913, was described by Professor Lennmalm at a meeting of the Swedish Medical Society. Of the 200 officials on the premises, 143 developed symptoms of a more or less similar nature. It was noticed that those who spent six hours a day on the premises developed within a period that can be described as from a couple of weeks to a couple of months, headaches which were at first transitory, but which subsequently became continuous. The symptoms quickly ceased when the patients took a holiday. On resuming work, they again suffered from headaches. Other symptoms included lassitude, giddiness, malaise, and conjunctivitis, which was both a common and obstinate complaint, being refractory to all treatment until the patient left his work. Pharyngitis, nausea, a metallic taste, anorexia, irregular action of the bowels, and diarrhoea were also observed. Sensory disturbances of the peripheral nervous system occurred as late manifestations, and consisted of sensations of tingling and pricking, of heat and cold, and of pain in the limbs. Muscular atrophy and weakness accompanied or followed these symptoms. Diseases of the skin (notably urticaria), stratification of the nails, catarrh of the respiratory passages, and cardiac symptoms were also occasionally observed. At first this outbreak was traced to neurasthenia, anæmia, or overwork. In the beginning of 1912, *Arsenic* was suspected and found in the paint on the walls by one of the

officials, who proceeded on his own initiative to replace it by arsenic-free paint. A higher official disapproved of this action and the process of renovation was stopped. It was subsequently observed that the inmates of the repainted rooms recovered their health and that the complaints of ill health were limited to the occupants of rooms where the old paint was retained. Professor Lennmalm and two chemists were appointed in the middle of 1912 by the Government to investigate the causes of the outbreak. Their examination of the patient's urine and sweat frequently revealed large quantities of *Arsenic*. This gradually disappeared when the patients were given a holiday, and reappeared on their return to work. In some cases, however, *Arsenic* was not demonstrable in the patient's sweat and urine. The linoleum was at first suspected of containing *Arsenic*; but some of it contained no *Arsenic*, and the distribution of the linoleum did not coincide with that of the outbreak. An analysis of the paint on the walls showed the presence of 648 mgm. of *Arsenic* to the kilo., and paint scraped off 200 square cm. of the wall yielded as much as 3.948 mgm. of *Arsenic*. Presumably for the sake of economy, Dutch zinc-white had been used, which contains much more *Arsenic* than another preparation of zinc-white, also sold in Sweden. Yet the latter, though costing more by weight, is probably the more economical of the two, for it goes further. Considerations of economy were also apparently responsible for the combination of an equal quantity of turpentine with the oil used in the paint. Consequently it failed to dry quickly, and was still gelatinous, and could be rubbed off with a finger long after it had been applied. This state of affairs was also due to the damp, ill-ventilated condition of the building, in which moulds were found in large quantities. It is, therefore, not strange that sufficient arsenical gases were set free to cause alarming symptoms. These, as it is natural, were most severe in the cold seasons of the year; in the summer, when the windows were open, there were relatively few complaints. Arsenical poisoning frequently occurs in Sweden; indeed, eight per cent of the patients in the outbreak described had previously suffered. This is largely due to erratic legislation, stringent regulations having defeated their own ends. In view of the recent events just recorded alterations for the better may be anticipated.—*Lancet*.

A RECENT ANALYSIS OF ASPARAGUS.—The popularity of asparagus makes a fresh analysis of it interesting. When we remember that asparagus belongs to the same family of plants—the lilaceæ—as do the garlic, leek and onion, we may expect to find some constituents in common. Sulphur combined in the form of an oil is, perhaps, the most prominent of these, but in asparagus it is not so obvious to the taste and smell as it is in the raw onion. Curiously enough, however, when the tender shoots of asparagus are left in water for a few days we find that the smell of onions quickly develops and after a time becomes very marked. Again, if asparagus is extracted with ether an oil is obtained which has a faint smell of the raw shoot. This oil, on



analysis, proves to contain sulphur. It is probably this sulphur constituent which gives the well-known peculiar odour to the kidney excretion after a diet of asparagus, and not the other principle peculiar to asparagus, asparagin. There is reason of believing, however, that asparagin has decidedly diuretic properties. According to our analysis it occurs in the tender shoots to the extent of about 0.5 per cent. As to the actual nutritive value of asparagus, this must be placed low, especially in view of the fact that what nutritives exist in the plant are rapidly extracted by boiling and even by cold water. Approximately only a tenth part of the raw asparagus shoot is solid matter, and as much as 70 per cent. of this is soluble in cold water, while quite 80 per cent. is soluble in boiling water. It follows that in the process of cooking a very considerable quantity of the raw material is left behind in the water in which it has been boiled. Since the constituents so taken out consist of sugars, gums, proteins, and practically all the phosphatic salts, there is much to be said in favour of the nutritive quality of asparagus soup if in its preparation the boiled liquor is utilised. The sugar in asparagus amounts to an average of 3.6 per cent., the proteins (calculated on total nitrogen) to 3.8 per cent., the fibre to 1 per cent., and the mineral matter to 0.80 per cent. The green variety contains much less fibre than the white, and the green also yields more soluble matter to boiling, and still more to cold, water than the fat white stick. An important constituent, again, of the tender shoot of asparagus is the basic body vitamine. This occurs in the growing tips of all vegetables, but particularly so in that of asparagus. To sum up, the nutritive value of asparagus in the form in which it is invariably consumed—*viz.*, after boiling for twenty minutes—is too small to be of any importance, and its use to the exclusion of other elements would mean a starvation diet. All that can be claimed for it is that it is a particularly pleasing adjunct to the meal, and palatability, we know, is an undoubted assistance to the process of nutrition.

THE SPECTRUM OF THE ALKALOID AS AN AID TO ITS DETECTION AND ESTIMATION.—In a recent lecture delivered before the Royal Institution, Dr. J. J. Dobbie, F.R.S., the principal chemist of the Government laboratories, drew attention to the value of the study of the absorption spectrum of the alkaloids which had not only thrown light upon the structure of these bodies, but had led also to a method for their detection and estimation. The absorption occurs in the ultra-violet end of the spectrum, and means are devised by which a favourable production of this can be obtained. To begin with, the source of light used is obtained by sparking one of the metals such as iron or a combination of metals which give rays rich in ultra-violet. Next, the prisms and lenses of the apparatus are made of quartz, which, unlike glass, is readily permeable by the ultra-violet rays. The lines of selective absorption of the alkaloid dissolved in a diactinic solvent are photographed. It is found that the alkaloids generally have very characteristic spectra by means of which they can be distinguished with certainty from one another, except

when they are homologous or otherwise very closely related structurally. The method may therefore be used with considerable advantage in examinations for the presence of alkaloids to confirm the results obtained by the usual chemical tests. Although the chemical tests are as a rule sufficiently distinct, the gravity of the circumstances in which they have frequently to be applied renders it desirable to obtain all the confirmatory evidence possible. Dr. Dobbie says that the minutest quantities of alkaloids can be detected by this means, the method rivalling the colour reactions for the alkaloids in regard to delicacy. Thus with a quantity of *Strychnine* not exceeding 1/500 of a grain, a clearly defined spectrum of the alkaloid can be obtained. Similarly, the lines are perfectly distinct and peculiar when 1/200 of a grain of *Morphine* and 1/100 of a grain of *Nicotine* respectively are examined in the diactinic cell. As is pointed out, the use of the spectroscope in the detection and estimation of alkaloids in cases of poisoning possesses certain advantages of the highest importance. One is that the material is not destroyed. The solution which has been employed for the spectroscopic examination can be used afterwards for the chemical examination. Lastly, the spectroscopic method means that a permanent record is obtained which is always available for reference.—*Lancet*.

EMPIRE COTTON.—There is in London at the present time a man who wants to change the system of cotton-growing the world over. He is a German—Mr. Woldemar Schütze, and he believes he has discovered a process which is going to reduce the cost of cotton-production by something like one-half, and as the cotton crops of the world are valued at something like £200,000,000 annually, that reduction is no small matter. If belief in his method were purely a personal matter, his claims might be accepted with something of a smile, but the value of his discovery is supported by high scientific opinion, and the discovery itself has been granted letters patent not only in Germany but in every country which has patent laws. That in itself is a remarkable fact, for there are few, if any, other examples of a patent for an agricultural process of this kind.

*Making the Cotton Plant Perennial.*—The cotton plant in its wild state is a perennial plant with a life of from twenty to twenty-five years. Where cotton is cultivated, however the shrub is treated as an annual plant. After each crop the plants are burned and rooted up. There are several reasons for this practice. The yield of cotton after the first year is very small, and the cotton shrub is liable to the attacks of a great number of insect pests, to which, in its wild state, it is immune. The burning keeps down the pests and enables a high average yield to be maintained from plants grown from seed. But this annual resowing is enormously wasteful of labour, and in areas where labour is scarce prevents any great expansion of the amount of land under cotton.

What Mr. Woldemar Schütz proposes to do is to restore the perennial character of the cotton plant, while maintaining the

yield, and rendering it immune to insect pests and frosts, which prevail over a large part of the cotton districts in America. He accomplishes this by a process of grafting. The experience of gardeners has shown that if a cutting from a superior fruit tree is grafted on to the stem of an inferior tree the fruit produced belongs to the finer species and does not deteriorate for a number of years. But the closer the relationship between the grafted cutting—the scion—and the tree on which it is grafted—the stock—the better is the product.

This teaching of experience is applied by Mr. Schütze to the cotton plant. He moves by two stages. In the first of these he aims at producing a plant immune from insect pests by grafting a selected species of cotton plant upon some wild species of the district. The result is a plant having the yielding qualities of the selected scion with the immunity from insect pests and cold of the wild species. Having obtained this new variety, the next process is to grow from the seed of the new plant, and upon this stem to graft cuttings from the mother plants. In this way a cotton plant is obtained which yields heavily and for a long period, and is attacked neither by pests nor frost. Instead of having to be sown anew each year the new plant is a perennial, and consequently there is an enormous saving of labour in preparing the ground, in sowing, and in clearing away plants after each crop.

*The Labour Question.*—So far the experiments made in this process have been conducted in the tropical regions of East Africa. It would probably take five seasons to produce a plant immune to frost, although there is no doubt that it could be done. In Africa, however, the development of this new process would be of enormous consequence. It would give us great cotton areas in British colonies, and reduce the dependence of the cotton trade upon the United States. Labour difficulties have been the main hindrance to cotton-growing on a great scale in Africa. There is no adequate supply of men. But if the labour of planting and destroying each year can be avoided the men who would be occupied in these processes could be set to work opening out new areas, and cotton production in a few years could be doubled and trebled.

With a larger production at a lessened cost of raw cotton, the cotton trade in this country would have a real stimulus. No longer dependent upon America with its fluctuating yields and the continual uncertainty of the quality of the crop, it could draw supplies from the African Colonies. That has been the dream of enlightened men in the trade for years. It may be that Mr. Schutze has discovered the means to make of the visions a reality ; and at the same time to give prosperity to the lands in the tropics which we have to open out, develop, and govern.—*Westminster Gazette.*

**LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET,  
BLOOMSBURY.**

**HOURS OF ATTENDANCE :—**Medical (In-patients, 9.30 ; Out-patients, 2.0), Daily ; Surgical, Mondays and Tuesdays, 2.0 ; and Thursdays and Fridays, 9 a.m. ; Diseases of Women, Tuesdays, and Wednesdays 2.0 ; Diseases of Skin, Thursdays, 2.0 ; Diseases of the Eye, Mondays and Thursdays, 2.0 ; Diseases of the Nose, Throat and Ear, Wednesdays, 2.0 ; and Saturdays, 9 a.m. ; Diseases of Children, Mondays and Thursdays, 9.0 a.m. ; Operations, Monday, Thursday and (Out Patients Saturday mornings) ; and Wednesday, Thursday and Friday afternoons ; Diseases of the Nervous System, Fridays, 9 a.m. ; Electrical Cases, Tuesdays and Fridays, 2.0 p.m ; Physical Exercise Department, every day except Saturday at 9 a.m.

To CONTRIBUTORS.—Reprints of articles can be ordered from the publishers, on application not later than eight days after publication.

**MEDICAL AND SURGICAL WORKS PUBLISHED  
DURING THE PAST MONTH.**

- Adam (J.).** Asthma and its Radical Treatment. Cr. 8vo. (H. Kimpton. Net 5s.).
- Adams (J. E.) and Cassidy (M. A.).** Acute Abdominal Diseases. 8vo. (Baillière. Net 12s. 6d.).
- Broomell (I. N.) and Fischelis (P.).** Anatomy and Histology of the Mouth and Teeth. 4th ed., revised. 8vo. (H. Kimpton. Net 12s. 6d.).
- Cunningham's Text Book of Anatomy.** Edited by Arthur Robinson. 4th ed. Enlarged and re-written. Illustrated. Royal 8vo., pp. 1622. (H. Milford. Net 31s. 6d.).
- De Garmo (W. B.).** Mechanical Treatment of Abdominal Hernia. 8vo. (Lippincott. Net 6s.).
- Graham (D.).** Massage: Manual Treatment, Remedial Movements. 4th ed., revised. 8vo. (Lippincott. Net 21s.).
- Haffkine (W. M.).** Protective Inoculation against Cholera. Royal 8vo., swd. (Thacker. Net 4s. 6d.).
- Herman (George Ernest).** The Student's Handbook of Gynaecology. 2nd ed., revised. Illustrated. 12mo., pp. 602. (Cassell. Net 7s. 6d.).
- Hindede (M.).** Protein and Nutrition. An Investigation. 8vo., pp. 212. (Ewart, Seymour. Net 7s. 6d.).
- Lees (D. B.).** The Bradshaw Lecture on the Diagnosis and Treatment of Incipient Pulmonary Tuberculosis. 8vo. (H. K. Lewis. Net 5s.).
- Lorenz (A.) and Taxi (A.).** Orthopædics in Medical Practice. 8vo. (Bale. Net 7s. 6d.).
- McMurrich (J. P.).** The Development of the Human Body. 4th ed., revised and enlarged. Cr. 8vo. (H. Kimpton. Net 12s. 6d.).
- Malkmus (B.).** Clinical Diagnostics of the Internal Diseases of Domestic Animals. 4th ed. 8vo., half leather. (Baillière. Net 12s. 6d.).
- Morris (R. S.).** Clinical Laboratory Methods. 8vo. (Appleton. Net 12s. 6d.).
- Ott (Isaac).** The Text-book of Physiology. 4th ed., revised and enlarged. 8vo. (S. Phillips. Net 14s. 6d.).
- Petty (G. E.).** Narcotic Drug Diseases and Allied Ailment. 8vo. (S. Phillips. Net 21s.).
- Quervain (F. de).** Clinical Surgical Diagnosis for Students and Practitioners. 4th ed. Royal 8vo. (Bale. Net 25s.).
- Rambousek (J.).** Industrial Poisoning, from Fumes Gases and Poisons of Manufacturing Processes. 8vo., pp. 374. (E. Arnold. Net 12s. 6d.).
- Syrian Anatomy, Pathology and Therapeutics ; or, "The Book of Medicines."** The Syriac Text edited from a rare MS., with an English Translation, etc., by E. A. Wallis Budge. 2 vols., 8vo., pp. 788, 804. (H. Milford. Net 42s.).
- Torok (E.) and Grout (G. H.).** Surgery of the Eye. 8vo. (Baillière. Net 18s.).
- Veeworn (Max).** Irritability. A Physiological Analysis of the general effect of Stimuli in Living Substance. Illustrated. 8vo. (H. Milford. Net 15s.).
- Whitman (R. C.).** Müller's Serodiagnostic Methods. Cr. 8vo. (Lippincott. Net 6s.).

## TO CONTRIBUTORS &amp; CORRESPONDENTS.

ALL literary matters, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. C. E. WHEELER, 35, Queen Anne Street, Cavendish Square, W.

Letters to the Editor requiring personal reply should be accompanied by stamped directed envelope.

All advertisement and business communications to be sent to the "MANAGER" of the Homœopathic Publishing Company, 12, Warwick Lane, Paternoster Row, London, E.C.

LITERARY matter and correspondence should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the *Editor* as early as possible.

## CORRESPONDENTS.

Dr. E. A. Neatby, London—  
Dr. S. van den Berghe, Ghent—  
Mr. Thompson, N.S.W. — Dr. Stephenson, New Zealand.

BOOKS AND JOURNALS  
RECEIVED.

Brit. Hom. Review.—Revist. Hom.—Med. Times.—Allg. Hom. Zeit.—Med. Advance.—The Chironian.—La Homœopatla.—Ind. Hom. Rev.—Hom. Envoy.—The Chemist and Druggist—Medical Century.—Rev. Hom. Française.—H. Recorder.—L'Omlopatia in Italia.—Revista Hom. de Pernambuco.—N.A.J. of H.—New Eng. Med. Gaz.—L'Art Médical.—Hom. Jour. of Obst.—Annals de Med. Hom.—Century Path.

—Hahnemannian Mon.—Pacific Coast Jour. of H.—Journal B.H.S.—Zoophillist—Calcutta Jour. of Med.—Le Propagateur de L'Homœopatie.—Från Homöopatiens Värld.—Journal of the American Institute of Homœopathy.—Eczema: Bernstein.—Indian Homœopathic Reporter.—La Critica.—The Homœopathician.—Iowa Homœo. Journal.—Fifty Reasons: Burnett (new ed.).

## The Homœopathic World.

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## NEWS AND NOTES.

## ORIGINAL COMMUNICATIONS:

Ferrum. By Dr. T. G. Stonham.  
Some Thoughts on Nerves. By a Layman.  
A Spigelia Case. By T. Miller Neatby, M.A., M.D.

## NOTIFICATIONS:

Dr. Clifton Harris, Dr. J. G. Hare.  
London Homœopathic Hospital.

## SOCIETY'S MEETING.

British Homœopathic Society.

## BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED):

Receipts from May 16th to June 15th.

## EXTRACT:

A Clinical Study of *Viola Odorata*.

## REVIEW:

Modern Miracles: Faith and Will Power and the Art of Healing.

## OBITUARY:

Miss Marian Brew.

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## VARIETIES.

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To Contributors and Correspondents.

# THE HOMŒOPATHIC WORLD.

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SEPTEMBER 1, 1913.

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## THE MEETING OF THE INTERNATIONAL COUNCIL.

THE meeting at Ghent is over, and our readers can gather from Dr. Burford's article (elsewhere in this issue) how great a success it was. If it had done no more than bring to us that stimulating report from Brazil it would have done well, and that is precisely an instance of the way in which these International gatherings promote a feeling of fraternity and of solidarity of interests among medical men who otherwise would hardly be aware of one another's existence. We have been taken to task gently for laying stress last month on the need for the International Homœopathic Council to avoid any appearance of interference unasked. We hope we need hardly say that we do not think this mistake has been made in the past year. On the contrary, the record is one for which the Executive should feel nothing but pride. But we are so convinced that the great value of International activities lies in the atmosphere of comradeship which grows in quiet friendly intercourse, rather than the search for opportunities of dramatic action, (though these may well be grasped as they occur), that we venture again to urge our colleagues to build solidly and "hurry slowly," aiming at endurance rather than at immediate display. That said, we can only reiterate our congratulations to all concerned in the year's work, thank our Belgian colleagues heartily for their splendid hospitality, and last, but not least, rejoice

that Dr. Petrie Hoyle, who has done the lion's share of the year's hard work, steps to a post which stamps his activities with the best approval of the Council.

#### A CLINICAL TEST FOR HIGH POTENCIES.

AN American contemporary recently reported that the following challenge to users of high potencies had been taken up, but not successfully met. Physicians were challenged to pick out from five or six powders, externally similar, the one medicated one by the result of its administration. Thus, for instance, a series of powders is entrusted to a physician who claims to be skilful at selecting the simillimum, of which one contains a dose of *Sepia* 30 or 200. The powders are labelled A, B, C, etc. The next five patients that present themselves who, in his opinion, need *Sepia*, receive each a powder from the series: (obviously, the cases must be of chronic disease, wherein the loss of a week or so is of little moment to the patient). Of the five patients who receive a powder, only one will really receive the drug, therefore only one should show benefit, and the physician, after the lapse of some weeks, should be able to say with confidence which patient it was who received the dose, that is, which of the five powders contained it. The chances are four to one against selecting the right powder haphazard, and if a physician could regularly pick out the correct powder from such a series by observation of its clinical effects he would supply a most powerful experimental verification of the claims of the high potency men. Now, such a verification is, no doubt, unnecessary to many, but it is idle to deny that it is urgently required by others, not least by the enquirers whom we hope to attract. We therefore confidently ask our high potency men to take up the challenge and put an end (if they can) to the assertions that faith and faith alone heals their patients.

Since to carry out these experiments will demand a certain extra patience and recording of results, the British Homœopathic Association will give a sum of £10 to recompense the experimenter. Applications should be sent to the B.H.A. Secretary, and details can quickly be arranged as soon as any men notify us of their willingness to compete. Now who will strike a blow for the honour (shall we say) of Chicago?

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NOSE AND THROAT REMEDIES.—*Lac Caninum*.—A remedy that will give wonderful relief in acute tonsillitis, where the soreness or pain, or whatever the sensation of which the patient complains, begins on one side, goes to the opposite side with some relief of the first tonsil, then shifts back to the tonsil first attacked. When the above symptom is present, immaterial as to other symptoms *Lac caninum c.c.* will bring speedy relief.

*Ignatia* is a remedy that we associate with over-excitability, we think of it in patients who are impressionable. "The patient is full of grief," sadness, sighing, in fact, apt to be hysterical, but we give it a less harsh sounding name, we say the patient is nervous.

In acute follicular tonsillitis, when the openings of the tonsil crypts are plugged with exudate giving the tonsil the appearance of the lid of a pepperbox, *Ignatia* 6x or higher will not disappoint.

*Sambucus*.—In catarrhal and bronchial affections of children, I believe *Belladonna* is often prescribed where *Sambucus* is indicated. The infant has a loose choking cough, but the main symptom I wish to bring out is that as soon as the child begins to nurse it has to let go of the nipple, the nose is blocked up, consequently it cannot breathe and nurse at the same time. I use the remedy in the lower potencies.

*Ambra Grisea*.—In asthma I have more than once used this remedy with excellent results where there was present a nervous cough, or asthmatic breathing accompanied by eructation of gas, the gas seems to catch in the throat thereby aggravating the asthma. I use the 3x or the 6x.

*Mephitis*.—In whooping cough, unless some other remedy is strongly (and I emphasize strongly) indicated, I prescribe *Mephitis* 3x in solution every two hours. It has rarely disappointed me; it is as near a specific as any remedy I have ever used.—Quay in *O., O. and L. Jour.*



## NEWS AND NOTES.

## LATRODECTUS HASSELTII.

OUR Australian correspondent, Mr. Erskine White, who recently sent us particulars of this venom, now adds the following items toward a Schema of the drug :—

*Locally.*—Sharp pains at the instant of bite, “as of an awl plunged in up to the hilt.” Much local œdema, lasting considerable period.

*Mind.*—In delirium, constant delusion of *flying*. Complete loss of memory, only partial recovery six months later. Took a journey of two or three hours to a town and on arrival could not recall purpose of his visit.

*Ears.*—Roaring noises, rattling as of machinery. All sounds seem much exaggerated.

*Extremities.*—Numbness and partial paralysis of right thigh (bite was in right external ear), lasted ten months after poisoning, and not completely cured till three years later. Inflammatory swellings and supuration on both arms and over left tibia, occurring at intervals for twelve months.

## PHOSPHORIC ACID IN THE TREATMENT OF WOUNDS.

The same correspondent, Mr. White, calls our attention to the value of this remedy in the treatment of wounds when there is much chronic inflammation and difficulty in formation of healthy granulations. Especially he praises it in contused wounds. *Fluoric acid* has a well-deserved reputation in such cases, but this use of *Phosphoric acid* is new to us. It seems worth a trial. Our correspondent uses the 1x dilution.

## PHYLACOGENS.

THE development of Vaccine Therapy, which we can rightly claim as, in principle, homœopathic, has led to consideration in detail both of mixed infections and of the part played in producing symptoms by bacteria derivatives, as distinct from the direct effect of bacteria. Phylacogens contain no bacteria but contain sub-

stances derived from bacterial growth on artificial media, and contain the results of many kinds of bacterial growths, with a special emphasis on the germ that is presumed to be principally responsible for any given case, *e.g.*, Erysipelas, Gonorrhœa, Pneumonia, etc. Now if the disease symptoms (or any of them) are to be traced to the action of these derivatives of bacterial growth in the body, derivatives of the same bacterial species grown on artificial media may well prove to be similar if not a simillimum, and consequently we may claim for Homœopathy part (at least) of the efficacy which is announced for these products.

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BURNETT'S FIFTY REASONS.

It was a good idea to reprint the famous "Fifty Reasons," and better still to supplement it with some of the more recent statistical results, contributed by our American colleagues. This Dr. Hoyle has done, and the pamphlet, thus enlarged, is available for distribution. It has been found in practice a very effective pamphlet. Its manner is a little *flamboyant* perhaps for some tastes, but its matter challenges enquiry, and we have little doubt that great use can be made of it.

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SANGUINARIA NITRATE.

SMARTING and burning in throat and chest, particularly under the sternum, produced by coughing. Expecterated matter is sweetish in taste, thick and yellowish in appearance. Sudden stopping of catarrh of air passages and appearance of diarrhœa calls for *Sanguinaria*. If influenza symptoms or "winter cholera" are present consider *Sanguinaria*, *Podophyllum* and *Mercurius corrosivus*. Symptoms of catarrh in genito-urinary tract, the result of influenza, call for *Mercurius corrosivus*, *Cantharis* or *Belladonna*.

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THE HOMŒOPATHIC ASSOCIATION OF NEW ZEALAND.

IN far New Zealand Dr. Stephenson pursues his arduous task of representing Homœopathy with his usual persistence and success. The Association is really his creation, and serves admirably to concentrate

the forces of Homœopathy in the two islands. We rejoice to realize from its report that it is flourishing, and wish our colleague even greater results in future.

AN INTERNATIONAL HOMŒOPATHIC COUNCIL  
PAMPHLET.

THE International Homœopathic Council has issued an illustrated pamphlet to demonstrate the fact that Homœopathy has struck root all over the world, and has in many places become a feature of national activity. The pamphlet contains pictures of former Homœopathic buildings from many lands, with details and statistics sufficient to show their importance. Our London Hospital has the place of pride on the first page, and we are sure that many of our readers will be interested to see the views of other Hospitals and Schools. Apply to Dr. Petrie Hoyle, 84, Holland Park, for copies.

ALLIUM CEPA.

ACUTE catarrhal inflammation of mucous membranes, with increased secretion.

Catarrhal dull headache, with coryza ; < in the evening, > in open air ; < on returning to a warm room (compare, *Euph. puls.*).

Headache ceases during menses ; returns when flow disappears (*Lach. zinc.*).

Eyes ; burning, biting, smarting as from smoke, must rub them ; watery and suffused ; capillaries injected and excessive lachrymation.

Coryza ; profuse, watery, and acrid nasal discharge, with profuse, bland lachrymation (profuse, full of acrid tears, bland and fluent coryza, *Euph.*).

Acrid watery discharge dropping from tip of nose (*Ars.*, *Ars. iod.*).

Spring coryza ; after damp north-easterly winds ; discharge burns and corrodes nose and upper lip.

Hay fever ; in August every year ; violent sneezing on rising from bed ; from handling peaches.

Nasal polypus (*Mar. v.*, *Sang.*, *Sang. nit.*, *Psor.*).

Catarrhal laryngitis ; cough compels patient to grasp the larynx ; seems as if cough would tear it.

Colic ; from cold by getting wet feet ; over eating ; from cucumbers ; salads ; hæmorrhoidal ; of children ; < sitting, > moving about.

Neuralgic pains like a long thread ; in face ; head ; neck ; chest.

Traumatic chronic neuritis ; neuralgia of stump after amputation ; burning and stinging pains.

Sore and raw spots on feet, especially heel, from friction. " Efficacious when feet are rubbed sore "—Dioscorides.

Phlebitis, puerperal ; after forceps delivery.

Relation—Complementary ; *Phos.*, *Puls.*, *Thuja*.

Compatible ; before, *Cal.* and *Sil.* in polypus.

Similar ; to *Euph.*, but coryza and lachrymation are opposite.

Bad effects from getting feet wet (*Rhus.*).

Aggravation—predominantly in the evening and in warm room (*Puls.* in open air, *Euph.*).

Amelioration—In cold room and open air (*Puls.*).

#### AN IMPORTANT SIGN OF PURULENT PLEURISY.

It can be said with truth that each year a certain number of children and adults die from unsuspected purulent pleurisy.

This is how it happens, says Dr. Polle : Take the case of a child. A child suffering from tonsillitis, measles, grippe, keeps his bed, although the primary malady is apparently cured. He gets thin, coughs a little, tongue furred, appetite nil, sleep absent, obscure respiration on one side, complete or incomplete, pulse rapid, evening temperature rather high. Dulness is found over a certain region of the lung, and sometimes a skodaic sound is heard over the apex. A blind puncture is made, the attendant hesitates, time is lost, a surgeon is not called in, and the child falls into a cachetic condition unless a fortunate vomica arrives.

Yet there is a symptom, or rather a sign, that can be observed at the very outset, in every case, enabling one to affirm the existence of purulent collection in the pleura.

Each time that pus exists in one of the two great pleural cavities, in the interlobar or diaphragmatic

cavities, *the glands in the axilla of the corresponding side are hypertrophied.* This hypertrophy lasts up to the death or cure and is frequently sore to the touch. Each time, consequently, that purulent pleurisy is suspected, the axilla should be explored.

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AN ANTINEURITIC SUBSTANCE FROM HORSEFLESH.—In the May number of the *Bio-Chemical Journal* Mr. E. A. Cooper contributes an interesting paper dealing with the preparation from animal tissues of a substance which cures polyneuritis in birds induced by diets of polished rice. He has prepared from horseflesh a fraction rich in antineuritic substance by precipitating an alcoholic extract of the flesh by means of ether. The ether dissolved the fats and lipoids, leaving undissolved a considerable amount of a white substance. Tested on neuritic pigeons this substance after continuous washing with ether, brought about complete recovery within twelve hours, using doses of 0.3 gramme ( $4\frac{1}{2}$  grains). The ether soluble fraction possessed only slight remedial properties. The alcohol soluble fraction was strongly curative in action. On treating this with excess of ether a yellow syrup separated which was completely soluble in water, and doses of 0.2 gramme were sufficient to cure pigeons affected with polyneuritis. From these experiments it is suggested parenthetically that the curative properties of lecithin are due to an antineuritic substance which is not a lipoid, but which is present in ordinary lecithin as an impurity readily extractable therefrom by simple methods. The curative substance extracted from horseflesh is insoluble in absolute alcohol, benzine, chloroform, ether, and ethyl acetate, but is moderately soluble in water. The substance is absorbed to some extent by animal charcoal, and is readily destroyed by alkali. It is not inactivated by sulphuretted hydrogen, but disappears in large amounts during chemical operations in which colloidal metallic sulphides are formed. Incidentally it is shown that quinine and cinchonine exert a temporary curative action upon birds affected with polyneuritis. After being treated at 125° C. for six hours, however, *quinine* has no ameliorative effect, so that its curative properties under these circumstances would appear to be due to its contamination with traces of the antineuritic substance derived from cinchona bark. Apparently alcoholic neuritis does not result from a diminished capacity of the organism to utilize the antineuritic substance, for the administration of small doses of alcohol to birds fed on polished rice does not affect the period of time elapsing before the occurrence of polyneuritis, and so appears not to influence the utilization of the supply of antineuritic substance distributed in the tissues of birds. These researches are welcome, as it is obvious that the antineuritic substances possess a remarkable physiological significance.—*The Lancet*.

## ORIGINAL COMMUNICATIONS.

### THE MEETING OF THE INTERNATIONAL HOMŒOPATHIC COUNCIL IN GHENT,

AUGUST 10 to 12, 1913.

By GEORGE BURFORD, M.B.  
(Vice-President of the Council.)

THE Ghent Council Meeting has come and gone : debate on the vital economics of a World-Homœopathy has ceased ; delegates are wending their homeward way almost from China to Peru. If *laborare est orare*, the orisons of the representatives must have been numerous and various. Superfine critics of the feather-brained order had imagined two sessions as ample for deliberations. The Executive had set down four on its programme : double that number would have been no superfluity. The human interest in things debated rose steadily : the tension of actual first-hand dealing with things that count mounted, till the end of proceedings came, more as unwelcome closure than as natural *finale*. For as the Conference certainly commenced in a minor key, with a dolorous note, the sheer force of deeds recounted by their doers, of Homœopathy as an inspiration, swept along the chords with might, holding, with increasing power, the later contributors to the Council debate. Most interesting was the episode when the distinguished sponsor for the minor key, confronted with a cloud of witnesses to strenuous but unpublished work, frankly abandoned the plaintive note of a minority cause and declared his abiding faith in the future.

Beside the sustained high interest permeating the proceedings of Council, a striking feature was its representative character. The considered counsels of Great Britain were stated by Dr. Hawkes, Dr. Edwin Neatby, Dr. Granville Hey, and the writer. The position of " Deutschland, Deutschland über Alles " was well maintained by Dr. Kranz-Busch, a man of letters as well as Master of Medicine ; and Dr. Kirn, of Pforzheim, was a faithful ally. The Great Republic knew its mind and spoke it through the living and

moving personality of Dr. Petrie Hoyle, whose endeavours to hustle and get a move on were the salt of the Congress, as it was the substance of the year's record. The oldest Republic gave its views through the courtly and urbane Dr. Mende, of Zürich, who, as President of the meeting, brought his polyglot accomplishments—and they were requisite—to the direction of the proceedings. The chief Republic of Europe had as its envoy Dr. Arnulphy, whose proclaimed intention to interest the medical students of Paris in Homœopathy was long applauded by the Council. Brazil sent as delegate the most charming and accomplished of councillors, Dr. de Vasconcellos, whose high official position in his own country lent greater weight to his persuasive diction. But the orator of the assembly, *par excellence*, was Dr. Rafael Barrantes, of Madrid, who came as accredited representative by the Government of his country. Dr. Barrantes spoke in Spanish, his interpreter being Dr. de Vasconcellos; and the intense personality of the former and the fervour of his address swept like a flame over the assembly. And looking on with approval was that master mind, Dr. Cahis, of Barcelona, who later gave so striking a demonstration before the Belgian Society. Holland sent to the Council Dr. Tuinzing, of Rotterdam, whose balanced views and sound judgment were the anti-thesis of the fire and fervour of the Iberian delegates. Dr. Tuinzing, polyglot as he is, accomplished very neatly a speech in three languages, the French introduction being followed by a German elaboration, and this by an English peroration, with no break in continuity. Denmark was represented by Dr. Thorsen, whose recent Red Cross experiences in the Balkans, and his honours at the hands of the King of Servia, lent him especial distinction. Dr. Axell, of whom more is to be said later on, and Dr. Grouleff, came from Scandinavia, both speaking English as though natives and to the manner born. And the prime mover in the Ghent Council, Dr. Samuel Van den Berghe, ubiquitous, cool, competent, for the multifarious requests showered on him in every occidental tongue—Dr. Van den Berghe deserves the collective thanks of all the

homœopaths in Christendom for the perfect arrangements which allowed the wheels of their representative Council to move easily.

Noteworthy is it that some new personalities of the first rank have been revealed by the Ghent meeting. Foremost of these, by common consent, stands Dr. de Vasconcellos, of Brazil. Not only a physician of considerable distinction, but Professor in one of the Naval Colleges, and an officer of high rank in the Navy, Dr. de Vasconcellos impressed all with whom he came into contact as a man of power and of attainments. His lucid account of the extraordinary progress Homœopathy has made in Brazil, of the State provision for its practice in both Army and Navy Hospitals, his loyal and unstinted praise of his capable colleagues, render it possible to understand why Homœopathy must thrive in an intellectual atmosphere that evolves such a man as Dr. de Vasconcellos. More spectacular in his advent because a more fervid personality was Dr. Rafael Barrantes, of Madrid. As was said of Burke, Dr. Barrantes is also a personality with whom you could not take shelter for a quarter of an hour, without saying, as you leave him, "That is a remarkable man." "Médicin Homœopathique de l'Association de la Presse de Madrid.—Ex adjudant par opposition de la Beneficencia municipal.—Ex-professeur de l'Hôpital Homœopathique de St. Joseph.—Diplôme d'Honneur pour ses services professionnels," these are some of Dr. Barrantes's credentials to the position of a "remarkable man."

No less striking to the seeing eye was the reserved, for the most part silent, but greatly potent individuality of Dr. Axell, of Stockholm. Gravity and dignity impersonated, Dr. Axell intervenes with annihilating force when moved. He was describing the condition of Homœopathy in Sweden, and had spoken of the utility of unprejudiced and informing literature in educating opinion. A round dozen of pamphlets, some pretty bulky, were exhibited as specimens. Having for the most part no author's superscription, he was asked quite curiously, "Who wrote and published them?" "I did myself," was the reply. And



knowing something of the cold cost of informing literature, his interlocutor further questioned: "And how much did they cost?" and the reply came unmovedly, "About £1,000." It was one of the sensations of the sitting, and gave the auditory matter for reflection as to the potency of silent men.

And, to pursue this topic of activities unknown to fame, time and again there were disclosed as side-issues in debate pieces of solid silent work the more impressive because not published on the house-tops. Take, for example, Dr. Thorsen's description of work in Copenhagen. Our knowledge of the status of Homœopathy in Denmark has been deplorably scant. Yet at this Council Dr. Thorsen tells the story of a continued effort for twenty years to establish a Homœopathic Hospital in the capital; how during this time money has been slowly accumulating to this end; how, without any State assistance, it has been possible to build a Hospital for sixty-eight beds at a cost of twenty thousand pounds; and that for the first time Homœopathy is represented as an established Institution in Denmark. Who outside of that country knew anything of the unconquerable will that was doing this? And "Hahnemannia," the great German Lay Homœopathic Society, with twelve thousand members, and a subscription fee of one mark per annum—how many know that this Society, having a few years ago a membership of only three thousand, has been stimulated to increased and increasing activity by the example in its earlier years of the British Homœopathic Association? Thus works the International idea; and thus also are developments unnecessarily long drawn out in its absence.

Of the debates of the International Council; of the new ideas that were welcomed and considered; of the endeavours to further the acquisition of more, many more physicians to the homœopathic ranks; of the recommendations for the generalized establishment of lay societies with a defined object, like the Ladies' Hospital Guild, so admirably described by Dr. Edwin Neatby; of the pressing necessity for a "bridge" for orthodox physicians to reach homœo-

pathic practice, so powerfully described by Dr. Hawkes and Dr. Kranz-Busch ; of these and cognate matters, I understand more will be forthcoming in the next ensuing number of the "WORLD."

And as subjects of personal interest, how greatly the Council deplored the absence of the Grand Old Man of Homœopathy, President McClelland, detained in America by illness ; of that of the Homœopathic Secretary of State, Dr. John Preston Sutherland, on official duty at Denver ; of that of Dr. Brasol of St. Petersburg, between whom and the Council there are special reciprocal links ; and the resignation of Dr. Wheeler as one of the Secretaries, who gives up to England what was meant for mankind. These and other personal notes leavened with human interest the subjects of high debate.

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### EPITOME OF THE DEVELOPMENT OF HOMŒOPATHY IN BRAZIL.

Communicated by DR. E. A. NEATBY.

THE following article is based upon the important addresses delivered in French, by Dr. Vasconcellos, of Rio, at the International Homœopathic Council in Ghent, August, 1913.—(ED. H.W.).

Brazil has a large number of devoted and convinced homœopaths. The knowledge of its truth was derived from great European apostles and from the Sinai of Germany. In Brazil Dr. Mure's name was one of the greatest, and Dr. Vasconcellos was pleased to link Brazil with world-wide Homœopathy by means of this Congress. Owing to want of knowledge on the part of the Executive of the Council, Dr. Vasconcellos was present as a private delegate. Had the Council communicated directly to the *Ministre d'Instruction Publique*, Dr. Vasconcellos would be here as the official representative, not of a private Medical Society, but of the Brazilian Government. Next year suitable approach of the Minister will secure this.

As early as the year 1818 the power of Homœopathy was beginning to be felt in Brazil as shown by the

opposition to its tenets and its upholders. This power was greatly added to by the arrival in the year 1840 of Dr. Mure, and by the co-operation with him from the surgical side of Dr. S. Martinho. Dr. Mure was chiefly a physician and an authority on *Materia Medica*, and is known in England by his writings and translations.

He was a most interesting personality. A French merchant, he was cured at Lyons of lung trouble, and became so much interested thereby in Homœopathy, that he graduated in medicine at Montpellier, and earnestly worked for the spread of its teachings in France and subsequently in Brazil. In 1839 he assisted in the foundation in Paris of a Homœopathic Institute, dispensary and library. At the opening of this institution Hahnemann himself was present. Arrived in Brazil, Dr. Mure tried to convert allopathic doctors, and in new areas he appealed to the priests in the name of charity and of Christianity: he was himself a Swedenborgian. The profession of faith made by Mure's students in the School of Homœopathy on obtaining a certificate is a striking and impressive document, signed "in the name of the Father, of the Son, and of the Holy Ghost."

The efforts of these early heroes in Homœopathy were successful in forming a professional society, called the Institute of Homœopathy, in the year 1843. Two years later there was established a School of Homœopathy, which, however, was destined like its compeer in London to be but a temporary establishment. In 1846, however, it was granting certificates, but these did not rank with the Government diploma, only obtainable through the allopathic colleges.

The applications of the homœopaths for the power to grant diplomas raised a storm of opposition, and a struggle ensued in the ranks of the Academy of Medicine and outside, resulting in the defeat of the homœopaths. The calm after the struggle was accepted by the homœopaths as a period for organizing their forces, and with undiminished ardour they spread a knowledge of the truths they were standing for, far and wide—up to Pernambuco and far into the South. In Bahia

the missionary spirit was zealous and a journal was established. The School continued to teach, though its pupils received no official recognition. The struggle was not yet over, and a grave injustice was inflicted on the homœopaths and public, by the expulsion of Dr. Martinho and Dr. Mure on the ground that they had only foreign degrees. To such an extent can professional prejudice and ignorance, prompted only by jealousy of their opponents' success, carry otherwise honourable men.

Even after this blow a silent campaign of propaganda amongst allopathic medical men was steadily carried on.

Within the year 1855 came that fell disease Cholera to the City of Rio. Then and there the homœopaths met their opportunity and embraced it. The result was not different there in the new Western world from what it had been in Europe, in England at a slightly later epidemic, and in the great Eastern Empire of India, where it is more or less endemic. The mortality of the homœopaths was, as usual, about one half that of the orthodox practitioners. The result was the renaissance of Homœopathy. In 1859 took place the re-organization of the Institute of Homœopathy—a nucleus of the later developments of which Brazilian Homœopathy is so justly proud.

The rest of the story is quickly told. Soon after this, occurred another of those "tides" which, taken at the flood, lead on; again the hour and the man met. Dr. S. Merelles was not only a good homœopathic doctor, but he had been also an engineer and a professor in the Naval College. At this time the Minister of War was taken ill, and his case rapidly developed until it was pronounced hopeless by the attending physician. So sure was he that the minister must die, that he readily resigned the case to the homœopath who was called in. The Minister of War recovered under the care of Dr. Merelles. There soon followed on this the official recognition of homœopathic pharmacy, and a dispensary or department in the General Hospital was handed over to the homœopaths.

For teaching purposes some desired the establishment

of a chair of Homœopathy in the medical faculty, ranking with other branches of medical science. Others preferred to wait until a more fully developed School could claim official recognition. Of this number was Dr. Vasconcellos. His view of the position was that while the appointed lecturer would be a good homœopath, there was no guarantee—the appointment being in the hands of the orthodox and prejudiced faculty—that subsequent occupants of the chair would be loyal to the great truths they should represent. So for the moment the wheels of the chariot drove heavily.

Dr. Licino de Cardova followed, and although not himself a politician and Government official, he had the ear of many who were.

In his day notable advances were made. Equal rights with the allopaths were demanded and were conceded. One reason of the ready granting of this request was that it had been shown that Veterinary Homœopathy in the Army had proved better in results and cheaper in cost than had allopathic treatment. The Brazil homœopaths have quite recently been recognised as a responsible educational Faculty, with power to grant degrees on equal terms with the allopaths. In some subjects, such as anatomy, physiology, bacteriology and pathology, the teaching is carried out jointly. This obtains, we believe, in some of the United States Universities and is a reasonable economy of strength and resource.

As the State both recognised and subsidised allopathy, when it had recognised Homœopathy, it seemed to be fair that it should also subsidise Homœopathy. A sum of 50,000 francs was accordingly quite recently voted by the Government in support of Homœopathy. There is thus a prospect of a steady and increasing supply of qualified homœopathic physicians. At present there are over a hundred avowed homœopaths in Brazil, a third of these being in Rio. There are fifty homœopathic pharmacies; of these, twenty-five are in Rio. These get their remedies chiefly from German and United States manufacturing firms. In most good class houses is a domestic

homœopathic medicine chest, and the mothers supply First Aid to their children and advocate it to their neighbours. All up the valley of the Amazon Homœopathy is spreading. There are in addition over eighty unattached homœopaths who have studied and spread abroad over Brazil (a country as large as Europe), but they have disappeared as far as official knowledge of them is concerned.

In each of ten or twelve General Hospitals there is a homœopathic section. In the Army there are homœopathic doctors, officially recognised and eligible for military or State honours. In the Navy also they are beginning to be appointed. In the Empire and Republic of Brazil Homœopathy has progressed during the last sixty to seventy years with great rapidity, and has attained a recognised position which is paralleled only in North America. Indeed, its security seems even greater than that of Homœopathy in the States.

We offer our cordial congratulations and best wishes to our Brazilian colleagues. If the International Homœopathic Council does nothing further, it may account it a really good work to bring such facts as these to the knowledge of foreign *confrères* and to act as a link between so many workers all over the world.

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### NEURALGIA QUINTI MAJOR.

By JOHN McLACHLAN, M.D., F.R.C.S.Eng.

THIS affection, to judge by one's own practice, is not very common ; whereas the *minor* form of neuralgia of the fifth nerve is exceedingly common, one of the more common causes being carious teeth. The obstinate neuralgia that usually follows an attack of *herpes zoster*, in late middle age, especially of the first division of the fifth nerve, and involving the eye, seems to resemble, in many respects, the major rather than the minor form, with one essential difference, *viz* :—that though obstinate it gradually “wears itself out,” whereas *neuralgia quinti major* is not a self-limited disease in any sense of the term. It is a curious fact

that the major form occurs in patients free from all "nervous taint," whereas the other forms usually occur in those of nervous stock. It is known by several other names such as "*tic douloureux*," and *epileptiform neuralgia* (Trousseau).

The case which I have taken as the occasion of this short paper was one where the first division of the fifth, on the right side, was affected, the pain being especially concentrated in the supra-orbital and supra-trochlear branches. I may say at once that I do not regard the treatment of this case as so ideally perfect as to deserve to be reported as a typical "clinical case," as a succession of remedies had to be used (or at least *were* used) before the case was zigzagged back to health. The typical clinical case is where only one medicine is used from start to finish, and where the relation between the disease and the remedy can be clearly traced. But on the other hand, in the typical clinical case, as I have defined it, everything seems so easy, and the cure so prompt, and *comme il faut*, that one finds very little to say, and consequently it is looked upon as not worth reporting. Some years ago I had such a case. Curiously enough it was neuralgia of the first division of the left fifth nerve. The case had been going on for a long time, and was steadily getting worse. The patient was a clergyman who had come home after several years residence in Jamaica. The neuralgia had been looked upon as malarial in origin. O. W. Holmes regarded malaria as a potent cause of neuralgia; but Professor Osler does not believe that malaria has much to do with it, and that the error has arisen from regarding the undoubted periodicity of neuralgia as a special manifestation of paludism.

The doctor in whose hands the case was, was a personal friend of the patient, and he had tried for three weeks to give him some relief without success. He then came to me and I gave him *Spigelia* in a medium potency, to be sipped every quarter of an hour till he got relief. In less than twenty-four hours the pain had entirely disappeared, and did not return again. In regard to the administration of medicines, I have sometimes thought that in many such cases the

best and most rapid results were produced by the *frequency* of the dose rather than its "strength"; although I do not think it would be wise to continue this method for more than ten or twelve hours, in case of the medicinal aggravation, and not so long if the patient experienced relief. I suppose the method is an example of what in my student days the late Prof. Rutherford called "the summation of stimuli."

Unfortunately, to cure patients where others have failed (and I could mention many similar cases) does not tend to get one into favour with the medical practitioners of the dominant School. I am sorry for this; but the mission of the true physician is to heal the sick. I hope I may be forgiven if I suggest that were my professional brethren of the opposite School permeated with the spirit of the true physician, they would rejoice that the sick were healed even by another, though they themselves had failed, rather than ostracise that other, who is successful simply because he has the tools (which they have not) and knows in some measure how to use them. It is not the result of any special cleverness on his part.

But this by the way; to return to our case of *neuralgia quinti major*.

The patient in question was a man of middle age, resident some twenty miles from Oxford. His occupation that of a road maker and mender. He came to me rather more than two years ago. The neuralgia had lasted for five years before I saw him. The pain was of sudden onset, violent and paroxysmal in character. As usual, there were periods of remission, but these were growing shorter and shorter, so that the pain was nearly constant, with exacerbations. He said that the pain was in a line from before backward, on the right side of the brow and scalp. In character it felt like a red-hot iron along a zigzag line. When the pain is at its height the eye becomes red and waters much. The pain usually begins at the inner angle of the right eye. Touching the lip or moustache brings the pain on, so does cold air and draughts, while warmth relieves. It will be noticed that, as so often happens in long-standing cases, the pain had "over-



flowed " and involved the second division as well, no doubt *via* the gasserian ganglion. The least touch on the forehead, over the course of the supra-orbital or supra-trochlear nerves, would start the pain at once. In fact, any form of external stimulus, such as a draught of air (first, because it is *cold*, and second, because it *moves the hairs* of the moustache), movement of the facial muscles, especially of those round the mouth, because to a certain extent these pull on the circum-orbital muscles ; movement of the tongue in speaking or eating, etc., as all these movements tend to pull on the muscles in the painful area. When the pain was severe it was almost impossible to "wink" without starting the stabbing pains.

The pain was so severe and so persistent that he was fearful lest he might commit suicide. For this reason he was pressed by "his own doctor" to go into the hospital and have the gasserian ganglion removed as the *only* possible chance of cure.

Medicines that have *linear pains* are not, so far as I know, very numerous, or at least the pains are not recorded as such. *Onos.* has linear pains in left scapular region ; *Syph.* linear pain from or near one eye backward ; *All. cepa* and *Caps.* have pains like a long thread in prosopalgia ; *Oxal. ac.* pains in linear spots ; *Persica*, pains in vertical lines in abdomen, heart and limbs ; *Bufo.* has streaks of pain up arm ; *Bryon.* has drawing pain in bones as from a thread through shafts. There may be others, but these are all I remember at the present moment. Yet one would think that this form of pain ought to be very frequent, inasmuch as the nerve trunks and branches are all more or less linear. The explanation probably is that pain is so rarely felt in sensory nerve *trunks*, but only at the termination of the nerve where it reaches the skin and breaks up into its minute twigs.

Of the various medicines mentioned as having linear pains, *Syph.* seemed to fit my case best of all, so far as *location* was concerned ; but my patient liked to be warm, and was relieved thereby, whereas *Syph.* prays to be kept cool, though at times it is sensitive to both extremes of temperature. Besides this, its character-

istic aggravation was wanting—*from sunset to sunrise*, it prays for daylight as well as to be kept cool.

The list of medicines with *burning pains* are legion : *Arsen.*, of course, comes first to one's mind, and *its burning is relieved by heat* (*Lyc.*, *Alum.*, *Carbo. v.*). *Apis* has burning relieved by cold ; the burning of *Caps.* is not relieved by heat. *Arsen.* has further a sensation as if a hot wire were thrust through or along the nerve, or as if pierced with red-hot needles (*Apis*, *Spig.*, *Vespa.*). Aggravation from touching the lip with anything (fork, spoon, or any metallic substance), makes one think of *Staph.*

My first prescription was *Arsen. alb.* 200. I gave him three powders of the medicine to take home with him, with strict injunctions to take one at a dose, and if he could discern the *least* improvement in the course of the next twenty-four hours, to take no more till the pain increased again ; and even if the pain got immediately worse, not to take another powder. In other words : *Distinctly better or distinctly worse, stop the medicine.* To this rule, so far as I know, there are no exceptions. I also told him how to know whether he was really getting better, *viz.*, if the attacks come less frequently, or are less severe when they do come, in either case, cure is progressing, and should not be interfered with ; for this is exactly the opposite of the natural course of a chronic disease. I saw him a month later, when he said he was "much better." He had taken two powders altogether. During the course of the treatment he had *Arsen.* on various occasions, and in various denominations, from the two hundredth up to the millionth potency. The case did not go straight on to complete recovery ; I do not think that such cases ever do. There are always ebbs and flows in the recovery just as there are in the natural course of the untreated disease. Though the pain did not quite cease for something like a year and a half, yet after the first prescription the patient never again had that "terrible steady hanging pain," which he dreaded so much. That is the patient's own description ; what it exactly means I do not know ; but that it was something very bad there can be no doubt. In four months

from the first dose of *Arsen.* he said he was better than he had been for five years.

He had various other medicines during his long course of treatment, but it would be wearisome to go into all the details. On various occasions he complained about a sensation as if the heart turned over, and for which he got *Cactus* (somersault sensation). For this sensation other remedies should be compared such as *Aur.*, *Stram.*, *Tarent.*, *Lach.* (and ceased beating), *Camph.* (as if it turned forwards). For the sensations as if heart tumbled over, turned and twisted round, ~~revolving~~ sensation, somersault sensation, compare *Ant. t.*, *Cactus*, *Crot. h.*, *Lach.*, *Lauro.*, *Tarent.*

*Magn. ph.*, very early in the case forced itself upon one's attention. I used it once in the 12x trit., but could not say that I noticed any special benefit from its use. The same remark applies to *Thuja*, 200, and *Staph.*, 30, though they may all have done something towards the cure. But I returned again and again to *Arsen.* On account of his exposed mode of life and frequent wettings, he got *Rhus. tox.* on various occasions, with, I believe, great benefit. *Sepia* was also used on the idea that smoking might have something to do with the obstinacy of the pain. *Spig.* was used once, chiefly because of the injected conjunctiva (*Bell.*, *Sang.*, *Spig.*); the tendency for the eye to "close down" with the pain (*Kalm.*, *Spig.*); the burning stabs (*Sang.*, *Spig.*, *Staph.*); the aggravation from chewing (*Spig.*). But no medicine seemed to serve me so well as *Arsen.*, and I believe most, if not all, the credit of the cure is due to it.

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### " BETTER—REP. ! "

A WORD ON THE REPETITION OF THE REMEDY, AND THE POTENCY.

By DR. M. TYLER AND DR. WEIR  
(and with acknowledgments to DR. BORLAND).

To do *deep, curative work*, you have got to know your Philosophy. It does not matter whether you believe in it or not ; belief comes only with experience ; but *you have got to practise it*, or FAIL.

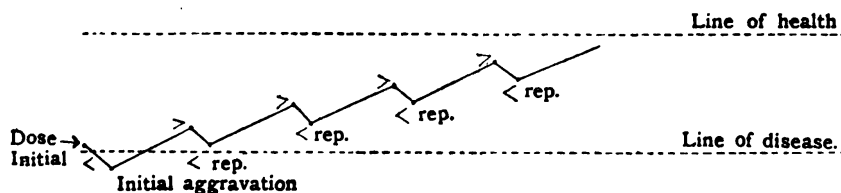
If you want to believe in Homœopathy, the curative, real thing, and if you want ever to do brilliant work, make up your mind, once and for all, *never again in life to write " >, rep."* " >, rep." is the blight of Homœopathy. It makes Homœopathy at once absurd and unscientific. For what does "better" mean? It means *that you have got your drug*. It means that *you have hit your potency*. It means that *you have supplied the vital stimulus*, and THAT THE ORGANISM IS REACTING. What more do you want? What more can you get than reaction to stimulus? It is a fool who, having got the pendulum swinging with a sufficient skilful push, follows it up with repeated untimely jerks. It only wobbles a bit, and stops.

"Better" is never "repeat." In acute or in sub-acute cases, where an early repetition may be necessary, it must only be, "*Better, P.R.N., rep.*"

You have started a case gloriously, and you are filled with joy, for it comes back "Ever so much better!" and you repeat the medicine, and the patient comes back dolefully, "*worse!*" *What are you going to do?* No earthly use to repeat again. . . . Perhaps you try it, to find how useless it is. *What are you going to do?* Change the medicine, and flounder generally—and probably never catch up again? Whereas if you had merely waited till the reaction healthwards was over, and the relapse beginning, your course would have been clear. You would have had again the definite cry of symptoms for drug, and you would have been again rewarded by the vital reaction to the needed stimulus. While the patient is reacting, and his symptoms mending, there is no cry for a drug; and *you have no business to give a drug, except in response to a definite cry.*

A man is running, easily and steadily, just absolutely within his powers, but absolutely at his best pace, and you give him a staggering push by way of helping him on, and then a lot of frantic pushes, this way and that, to steady him again, and to advance him. . . he will probably fall; he will inevitably lose time and ground. You cannot swing a child high, except by waiting each time till the swing comes back to your hand, and then

applying the right stimulus at the right moment. If you, on the contrary, follow up your first steady push by untimely pushes while the swing is going forward, you know how it will wobble and twist and jerk; and a wise child will choose somebody else to swing him next time. You will never lift him to the extent of the ropes,—*which is all that is possible—even in medicine!* You cannot make a "screamer" scream, except by waiting for the exact moment when the string has unwound itself, to pull again. If you pull rhythmically and in time, each pull gives a tighter twist, and a more prolonged shriek, till you get the utmost of which the instrument is capable. You can get no more out of screamer—or patient! but you can get a deal more than you ever expected! Some of the cases below will show that. But in order to get it, everything has to be rhythmical; or there is confusion, disorder, distress and wobbling; with, of course, loss of time and power.



Give your dose, wait while it steadies, *wait all the time of vital reaction*: then, when this is over, when it comes back to your hand, "*worse again*,"—(not on the old low plane of worse, though!—"better all round," now; "better in himself"; "better generally," but with the old symptoms returning, modified, yet the same), *then* the next push!—then repeat!—while your patient climbs steadily healthwards.

In old chronic cases of years standing it can only be "climbs healthwards." You know that it must be a long, long time before such a patient can be well; there is so much to undo, so much to build up, before there can be health. It must take a long time—months, perhaps several years. But you have found the precious curative drug, and you will need to husband it, so as not to establish tolerance—or intolerance. And this drags in the question of the

potencies, and *when you may change your potency*. And here again we are not left quite in the air.

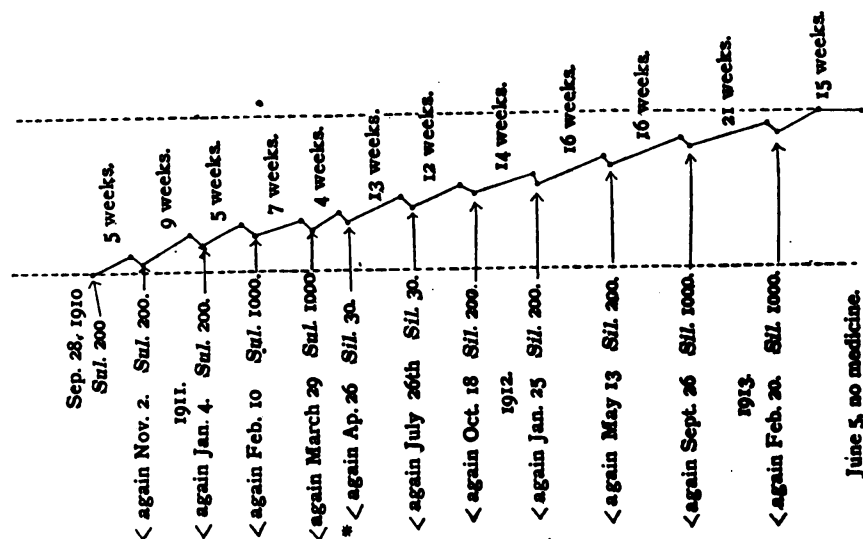
Remember, *the patient has got to cure himself* ; you cannot cure him !—no drug can cure him ! It is not a question of pushing your drug to hurry up the case. Your rightly-selected drug gives the stimulus, that is all. If there is no reaction, you are powerless. If there is reaction, beware how you meddle with it, by untimely repetition of remedy, or by change of potency. If he is reacting, all that is possible is being done. " Keep your hands off ! "

In this way only you get the utmost out of your medicines, out of your potencies, and out of your patients. Remember, there is just one medicine that his symptoms cry for at a certain moment . . . use it, and do not abuse it ; for if you do, you may have to wait long and in perplexity before things settle down again—if they ever do ! You will have lost your opportunity. There is only one way, the right way. Give the stimulus ; let the reaction spend itself to the uttermost : (it is far safer to wait too long than to repeat too soon). When the definite cry comes, in returning symptoms, then repeat, *the same potency*. So long as the patient reacts to that potency, beware how you alter it ; it holds the patient still. When the reaction grows shorter, or the patient ceases to react, *then* is the time to go higher, not before. So long as the patient reacts, that is manifestly the right potency, and it is unscientific to change it. A reaction that lasts weeks or months is surely all you can ask ? You will not get more. You may get much less if you meddle and change. This is where the Philosophy comes in. You have a mind at rest. You know absolutely what you are doing. And happy for you, and for your patient, if you do it !

But . . . *it is not easy* ! One wants to be doing something ! One catches at any little justification for writing " Rep. " One says, " It was only a 12 or a 30 " —and wonders whether a different or higher potency might not hurry matters !—and spoils one's case ! . . . *And if you do not know your Philosophy, the tragic thing is, that you do not even know WHY !*

## CASE I.

Mrs. A., æt. 29. A bad case of rheumatoid arthritis (shown by Dr. Weir at the last Clinical Evening of the British Homœopathic Society—practically cured). It had been a very rapid case. In one year the patient had become unable to walk; had to be assisted into the out-patients' room; could not lift a cup of tea, even with two hands. Had egg-swellings wrists; all finger joints spindle-shaped; fingers extended and stiff; ankylosis (not bony) of both wrists; ankles swollen, feet "like footballs, so big and swollen; had to wear boats instead of boots—awful flat things." Now, ankles perfect, feet well and painless; can run. "When spring came back into feet could not wear the flat shoes any more, but went back into her old boots." The feet (the last affected) were well in six months from commencement of treatment. Fingers now shapely and perfect (except one which had had operation for tuberculous joint). Can button her own tight gloves, and play the piano. This patient had two drugs only, *Sulphur* first, and later, when the symptoms changed, *Silica*. The doses and intervals are given below on diagram.



\* At this date note says, "feet all right, went back to proper boots and shoes." An interesting point is, that the patient has pyorrhea alveolaris badly; it came on with, not before, the arthritis, which has cleared up in spite of it.

CASE 2.

23rd Nov., 1911. Mr. G. H.—Rheumatism of arms—always more or less : < lately. Rheumatic F.H. Starts in muscles of both arms and comes down to thumbs. < when warm. Has to have arms out of bed. > with arms up, in bed. Dreadful, aching pain. Stout, fair man ; even tempered.

Pneumonia twice, last time with typhoid. Has had gastritis. Twice vaccinated.

Warm patient.

< warmth. (? > motion.) > sweat. Likes sweets and fat.

Gets bilious attacks. Doesn't care for meat.

*Puls.* 200, 3 8-hourly doses.

Dec. 18th.—"Medicine worked wonders." No medicine.

Jan. 4th, 1912.—"All rheumatism gone. Sleeps with arms in bed now."

Feb. 1st.—No rheumatism. Used to be always taking Rhubarb, never needs it now (since the *Puls.*). Cracked fingers, summer and winter (a family failing).

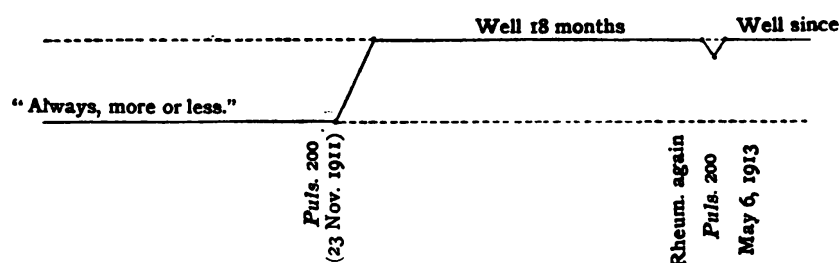
*Petrol* 200, 3 doses 8-hourly.

May 6th, 1913.—Rheumatism again for three weeks.

*Puls.* 200 3.

June 2nd.—Hear he has been M.B.

July 7th.—Still all right. "Always quickly better after *Puls.*"



CASE 3.

Feb. 10th, 1913.—Mrs. X., age 71.—Morning vomiting for at least thirty years ; less frequently now than formerly, but more severe, and for the last four years has been having more pain. Now so ill that her daughter, a nurse, is told that she must come home and look after her. Quite too ill to be left alone. The



daughter asks for medicine to take her, and dictates a few symptoms (as she has known her all these years).

Vomits before breakfast, brings up food *as soon as she rises*.

Nausea on rising.

Hungry after sickness ; can eat breakfast.

< *morning* ; close room ; noise ; smells ; warm drinks ; meat.

Aversion to company ; better alone ; *hates sympathy and fuss*.

Likes to be alone when ill.

Flatulence.

Fear of disease—cancer.

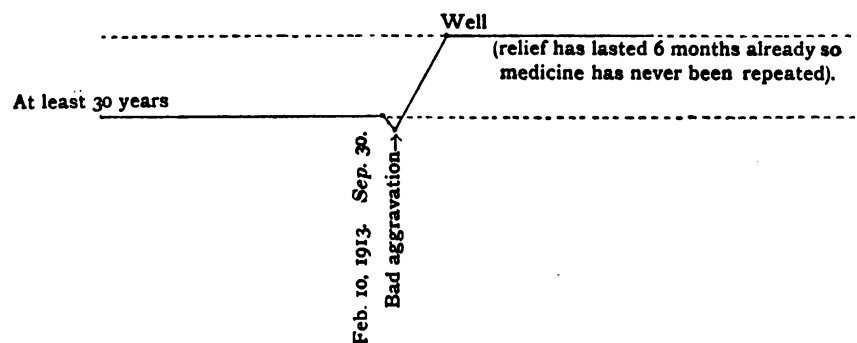
Likes shoulders wrapped up with a little shawl.

The notes are meagre, but the generals worked out *Sep.* and *Plat.* Nausea morning on rising, *Sep.* (Kent, p. 507). Vomiting food, morning, *Pb.*, *Sep.* and *Sul.* (p. 538, Kent). *Sep.* 30, 3 doses, a few hours apart.

The mother was found to be suffering a great deal of abdominal pain, with flatulence and retching ; very chilly before the pain. Looked thin and ill.

The aggravation was *fearful* ! Incessant vomiting, terrible pain and flatulence ; vomited everything, even water. The doctor was called in, but she promptly vomited his white mixture. After many hours, she lay so still that her daughter got frightened and roused her, "to be sure that she was alive," and she sighed, "Oh ! it is like heaven !—all the pain gone."

And it *had* gone ! And *she has never vomited since* ! She is able to eat anything, and appears to be quite well. *She has not yet—and it is six months already—needed to have her medicine repeated.*



[Under the circumstances it would have required some courage to write “ >, Rep. ! ”]

CASE 4.

*Charlotte E., May 11th, 1909.*—Epileptic idiot. (This interesting case was published—so far as it went—in the “ HOMŒOPATHIC WORLD ” of August, 1909, and shown at a meeting of the B.H.S.) A bright baby till a fall on head at 3½ years. Was ill four months, “ blind and unconscious.” Pustular rash on head as she recovered, cured by ointment. Just like a baby ever since. Cannot wash or dress herself, or do anything for herself. Can feed herself if food is put before her ; if asked whether she will have any, says “ no,” and proceeds to eat it. The fits occur only in sleep ; goes stiff, is convulsed, passes urine in fits. Sleeps afterwards. Sometimes thirty or forty fits in a night ; last night had five. *Cicuta V.* 200, one dose.\*

*June 8th.*—Was worse for fourteen days. Now much more intelligent. Remembers things. *Washed and dressed herself for the first time in her life to-day. No medicine.*

*June 22nd.*—M.B. Fits M.B. Only six since here. Talks about things. Goes errands for her mother. Mother says, “ It doesn’t seem true that she can talk to us and say sensible things ! ” Festery places on face. Talks to me. *No medicine.*

*July 13th.*—Only two slight fits since here. V.M.B. Enjoys coming up to Hospital, tells her mother, “ Not to forget her card ! ” *No medicine.*

*Aug. 10th.*—Still improving. Useful in house. Cleaned six windows one day.

(Another doctor gave a few doses of *Rhus 1x* for Rheumatism.)

*October 5th.*—No fits. Rheumatism. Makes beds, does cleaning, sews on buttons. *No medicine.*

*Nov. 9th.*—Taken ill fourteen days ago ; three fits,

\* *Cicuta* was chosen because of the violence of the convulsions and for the history of injury to head ; and of pustular rash cured by ointment.

severe. Local doctor said, "Severe cold and touch of pleurisy." *Cic. 200*, one dose.

*Dec. 14th.*—"Was dreadful for two days after *Cicuta*, took no notice of anyone." Doing splendidly since. Does housework; loves needlework. *No medicine.*

*Jan. 11th, 1910.* One fit after Christmas excitement. Tells us about her presents. *No medicine.*

*Feb. 15th.*—Burnt hand a few days ago, and had three fits, slight ones. *No medicine.*

*April 4th.*—One slight attack. Goes out and buys vegetables for her mother. *Cicuta 200*, one dose.

*May 1st.*—One slight attack. *No medicine.*

*July 12th.*—Talks away. Originates conversation. Said the other day, after wringing out clothes, "Now I'm dead tired! I'm going to bed. Mother doesn't want me to, but my nerves are going like *that!* and I'm dead tired."

*Oct. 5th.*—No fits at all.

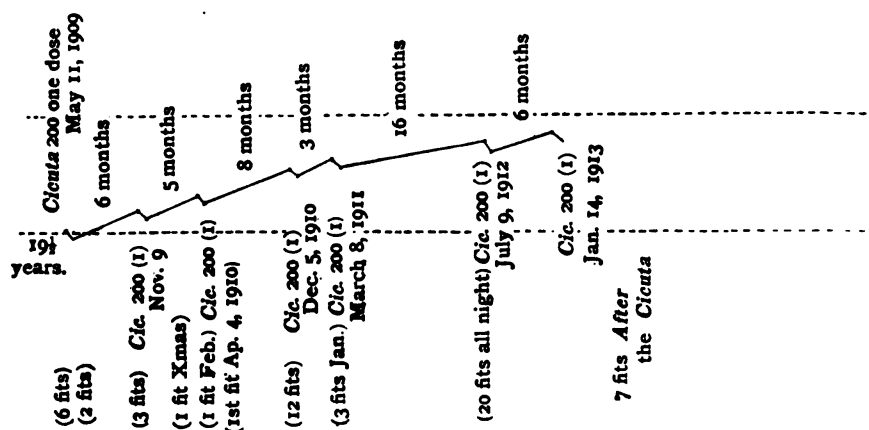
*Dec. 5th.*—Ill and having fits. (Had ten.) *Cicuta 200*. (Only two fits after the dose.)

*Jan. 10th, 1911.*—Three attacks this morning. (Gets them before the M.P.) Trying to read and write and make figures. *No medicine.*

*March 8th, 1911.*—Several rather bad fits since here.

*Cic. 200*, one dose.

In *Dec.*, 1911, she had an attack, "went powerless, limp and cold, afterwards mouth frothed." "Not like old fits." Local doctor said "heart." Was in bed three weeks with influenza. No real fit till *July 5th, 1912*. Then twenty fits all night. (Does her hair,



cleans doorstep and passage ; goes to the shop to get things.) *July 9th, 1912, Cicuta 200*, one dose.

*Aug. 13th.*—No attack since.

*Dec. 31st.*—No attack since here. Restless a few nights. P.R.N. *Cicuta 200*.

*Jan. 28th, 1913.*—Got her dose fourteen days ago, when mother thought fits coming on. But they did not. Now seven attacks. Getting much more sensible; "knows proverbs now"; says to her mother, "What does it mean when your nose irritates like this?" *No medicine.*

*Aug. 24th, 1913.*—Mother writes: "Much better in her mind and memory. She has had no fits for some time."

#### CASE 5.

Mrs. J. M. G., aged 66.

*Sept. 19th, 1912.* (*Case given in brief.*) Rheumatoid arthritis. Patient was carried into Out-Patients' Department in a chair. Quite helpless. Unable to stand or walk. Hands crippled and absolutely helpless for years. Illness began in Australia eight years ago. One sister had died of Phthisis. Patient had night sweats eight years ago. Insomnia, very restless. Can't sleep till 3 or 4 a.m. Not affected by wet weather.

< cold east wind.

Craves air.

< heat. *Sul. 30* (4 doses 8-hourly).

*Oct. 17th.*—Slightly >.

Can wind up her watch without pain.

*Oct. 31st.*—At a standstill. Rep. *Sul. 200*.

*Dec. 5th.*—Less pain, less stiff. Still Insomnia. Still restless. *Tub. Bov. 3* (3 doses 8-hourly).

*Jan. 9th, 1913.*—*V.M.B. actually able to do a little crochet, and wash her own face and hands—hasn't been able to do so for years.* Getting very excited: thinks she will be able to walk soon. Hasn't walked for years. Notices hands are perspiring now (when she crochets). Used not to perspire. No medicine.

*Feb. 6th.*—Bad cold pulled her down. Pain side. Hands not so free. Sweat hands continues. Able to wash face. Rep. *Tub. Bov. 30*.

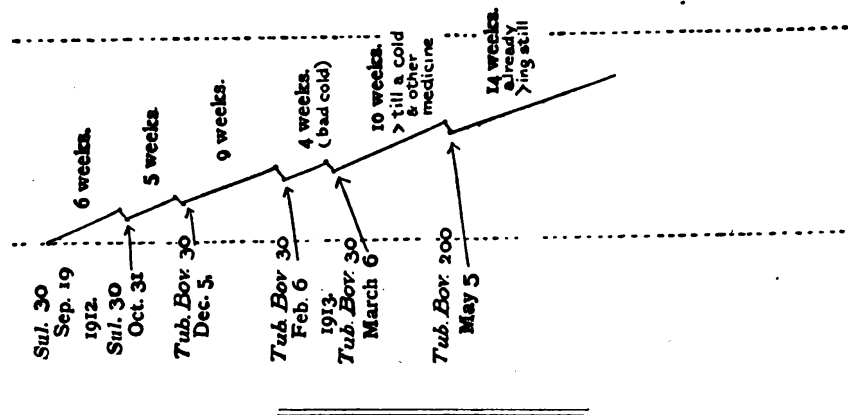
*March 6th.*—Was > till another cold. Been taking other medicine. Rep. *Tub. Bov.* 30.

*April 3rd.*—M.B. again. . . .

*May 15th.*—Can hang one arm by her side. Feeling much the same. *Tub. Bov.* 200.

*June 24th.*—Knees less swollen. "Legs can go five inches flatter when in bed." Sore corners of lips. Sore place on shoulder. >ing. No medicine.

*August 21st.*—Still >ing steadily. Sends me a large crochet and lace collar, her own work! Beautiful fine work. No medicine.



**NATRUM PHOSPHORICUM IN JAUNDICE.**—*Natrum phosphoricum* 1x in five-grain doses, four times daily, is indicated where the patient gets sick suddenly, complaining of biliousness, with sometimes vomiting, and spasmodic looseness of the bowels. The attack makes rapid progress, the evacuations are green and bilious, the tongue is coated a greenish-brown, the skin yellow, and the whites of the eyes a dirty-yellow. If the kidneys are also affected, the remedy should be alternated with *Ferrum phosphoricum* 3x.

**EPIGEA REPENS IN GRAVEL.**—This remedy should be thought of, the discharge resembles fine sand, of a brown colour. There is usually a sensation of burning in the neck of the bladder whilst urinating, and tenesmus of the organ afterwards. It is best administered in the tincture, 3 to 5 minims thrice daily.

**BALSAMUM PERUVIANUM IN HECTIC FEVERS.**—This remedy is unsurpassed in the treatment of hectic fevers either in phthisis pulmonalis or chronic bronchitis. It acts best when given in the 6x dilution. Debility is a characteristic symptom of the drug, and there is often present a catarrhal state of the stomach. I have found it very useful in cases where the expectoration is purulent and profuse. In these cases the 1x dilution is the most efficient.—*Hahn. Mo.*

# BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED).

RECEIPTS FROM JULY 16TH TO AUGUST 15TH,  
1913.

## GENERAL FUND.

### Subscription.

	£	s.	d.
Mrs. Bouwens .. .. .	2	2	0

## NATIONAL HOMŒOPATHIC FUND.

### Subscriptions.

Miss H. E. Roberts .. .. .	1	1	0
The Misses Cox .. .. .	5	0	0

The usual Monthly Meeting of the Executive was held at Chalmers House on August 19th.

The Beit Research Fund Committee held a meeting at Chalmers House on August 19th.

MATERIC MEDICA NOTES.—*Capsicum*.—Three things characterize a *Capsicum* case, namely, general uncleanness of body; burning pains, as from cayenne pepper; a marked tendency to suppuration in every inflammatory process. Of the three things the first is the most conspicuous; it cannot possibly be overlooked.

*Kali sulf.*—Not infrequently weeks and even months after an operation for the removal of adenoids the original symptoms reappear, that is, mouth breathing, snoring, etc., and not infrequently a second operation is performed. Assuming that the first operation was properly done, the second is absolutely uncalled for. These symptoms are the result of engorgement of the nasopharyngeal mucous membranes, and this will be cured in a few days with *Kali sulf.*

*Æsculus*.—A throat which has a membrane that is either abnormally pale or red, dry, glazed and thin in appearance as if stretched across the posterior wall of the pharynx, and has the sensations of burning, constriction, dryness, pricking as from ticks, roughness, and with hawking up of ropy mucus of sweetish taste, calls for *Æsculus*. In the early stages of atrophic pharyngitis in dried up bilious subjects this remedy has proved exceedingly helpful.

*Phytolacca*.—This remedy has many symptoms quite like those of *Æsculus*. Though both remedies may be needed in acute and chronic conditions, *Phytolacca* is more often called for in acute and *Æsculus* in chronic troubles. The burning of the former is much more violent, and so the choking sensation, and the symptoms will either get well in a few days or else pass on into a very severe tonsillitis, whereas the *Æsculus* sore throat will linger on for weeks and even months.—O., O. and L. Jour.

## EXTRACTS.

THE VALUE OF HOMŒOPATHIC REMEDIES  
IN GYNECOLOGICAL PRACTICE.

By JAMES C. WOOD, A.M., M.D., CLEVELAND, O.

THE science of medicine is progressive. It has been our boast that the law of similars is unchangeable. No one will, I think, claim that the application of that law cannot be improved upon. Pain as a diagnostic symptom is interpreted in the light of modern living pathology, obtained through surgery, very differently from the interpretation given it fifty or ever twenty years ago. It seems to me that in basing the homœopathic prescription upon the totality of symptoms we cannot well ignore this fact. In studying pain from a diagnostic viewpoint we have to note differences in racial and individual susceptibility, modifications of susceptibility by the manner of living and the occupation of the individual, the manner of statement in different individuals, the egotism of illness and the presence or absence of objective conditions which go to disprove or corroborate the evidence of truth of the patient's statement. It is true that in diagnosis it is, at least, charitable to err on the side of skepticism, but it is never wise to credit subjective testimony, unless substantiated by the actual detection of organic changes.

In perhaps no department of medicine is it more necessary in basing a prescription upon subjective phenomena to be careful not to overlook serious organic changes which require for their correction mechanical or surgical measures than in the department of gynecology. The tremendous advantage which Homœopathy has over other methods of prescribing is that it is able to correct tissue changes at their very inception before a positive diagnosis is possible is too well known to us of the homœopathic school to require emphasis at this time. But it nevertheless behoves us to be careful not to waste valuable moments when the disease, especially if malignant, has passed from the

domain of the medical to the surgical. To the man who is alert in obtaining data upon which to base his homœopathic prescriptions, the symptoms obtained are of equal diagnostic and therapeutic value.

The abiding faith which some of the men of fifty years ago had in the law of similars perhaps had more to do with making Homœopathy ridiculous than anything else. I take it that there are few of us of the present generation who would dare to advocate even in the Bureau of Materia Medica the turning of the foetus with *Pulsatilla*, or the correction of a displaced uterus with *Sepia*. In the selection of the homœopathic remedy in gynecological or abdominal diseases we must guard against this over-enthusiasm and must not expect to perform miracles with the homœopathic remedy. Personally, I should hate to practise either gynecology or abdominal surgery without it. But when I am called upon to treat a woman who complains of a tenesmic pain in the hypo-gastric region, instead of prescribing *Belladonna* or *Sepia*, I first look for local evidences of disease or of stone in the bladder, or retention of urine, or for clots or membranes within the uterus which that organ is undertaking to expel.

If I am called upon to treat a patient with a pain in the mammary region and with backache, I might prescribe for her *Cimicifuga*, but I should certainly say to her that unless the pain is speedily relieved a local examination should be made to determine whether or not there is a displaced uterus.

If I am called upon to relieve hyperæsthetic skin areas, my first thought is that when a painful stimulus is applied to tissues or an organ which normally possesses a low degree of sensibility, and which is centrally in close connection with the tissue or organ possessing a much higher degree of sensibility, that the pain so produced, as Head long ago taught us, is felt in the part which is relatively more sensitive. I should then look carefully for the visceral lesion which is responsible for such hyperæsthesia before prescribing *Hypericum*.

If I were called upon to prescribe for a diffuse or aching pain in the bones throughout the body, with an



absence of fever, before prescribing *Eupatorium* I should look for the symptoms of syphilis, lithæmia and the intoxications, either hetero- or auto-genetic, and be governed accordingly.

If I were called upon to prescribe for a patient suffering from indigestion, relieved for some hours by eating, before giving her *Anacardium* I would look carefully for more detailed symptoms of duodenal ulcer.

If I were called upon to prescribe for a patient with a persistent pain under the left shoulder blade, I might give her *Bryonia*, if there were other subjective symptoms of that drug present, but I would look carefully for the evidence of splenitis. Were the pain under the right shoulder blade and persistent, in all probability I should give her *Chelidonium*, but I would also make a careful physical exploration of the liver and resort to the various dietetic and hygienic measures necessary to overcome that condition.

If I were called upon to prescribe for a patient suffering from pain in either of the hip joints relieved by motion, I probably would think of *Rhus tox.*, but I would likewise examine carefully for disease of the broad ligaments and ovaries, as well as for hip joint lesions.

If I were called upon to prescribe for a persistent pain at the juncture of the dorsal and cervical vertebræ, I might prescribe the indicated homœopathic remedy, but I surely would look to see whether or not there existed a loaded transverse colon. If the pain were low down, persistent and aching in character, I would, of course, think of *Cimicifuga*, but I surely would examine the pelvic organs to see whether or not the uterus was diseased. I would examine the kidneys, too, to see whether or not there existed renal irritation, especially oxaluria, and should either of these conditions be found I would direct my treatment accordingly.

If I were called upon to treat a patient suffering from all the symptoms of shock and collapse with cold, clammy skin, with tenderness of the abdomen, general and localized, with sighing respiration and with small, rapid pulse, I would expect benefit from remedies like *Veratrum album* or *Camphor*, but in the absence of

gastro-intestinal symptoms to account for this symptom complex I surely would look for the evidence of a ruptured ectopic pregnancy or rupture of some of the abdominal or pelvic viscera, and when found would speedily open the abdomen.

If I were called upon to treat a patient suffering from indigestion, gaseous distention and mucous enterocolitis with resulting malnutrition, I probably should, as a palliative measure, prescribe remedies like *Mercurius*, *Colocynthis* and *Kali muriaticum*; but experience has taught me that in the vast majority of instances with this clinical picture the condition is due either to chronic appendicitis or to interference with intestinal peristalsis by direct pressure of a displaced uterus, and that if I am to cure this patient speedily and permanently, and even safely and pleasantly, surgical measures are necessary.

If I were called upon to treat a woman suffering from a bearing down sensation as though everything would protrude from the vagina, I might, if time were not important, and I had the patient's unbounded confidence, prescribe for her temporarily *Sepia*, but I would, indeed, be a poor diagnostician and an incapable physician did I not examine her for a relaxed pelvic floor with separation, usually submucous, of the levator ani muscles. I could, perhaps, afford her some relief with palliative measures, but I should not expect permanent results, nor obtain the lasting gratitude of the patient, did I not resort to those measures which the science of surgery has brought to us.

If I were called upon to prescribe for a patient suffering from pain in the posterior and lateral aspect of the thigh, I probably would prescribe for her the indicated homœopathic remedy according to the best light at my command, but I certainly should examine her for evidences of locomotor ataxia, lumbar abscess, pelvic growths impinging upon the sciatic nerve roots, or for impacted feces, or lesions of the rectum.

If I were called upon to prescribe for a patient suffering from cramps in the calves of the legs, I probably would prescribe for her *Cuprum metallicum* or *Veratrum album*, but I should explain to her that

a referred pain having its origin in the kidney or due to diabetes or gout is frequently found in this locality, and if found, I would direct the treatment accordingly. Did she complain of pain in either groin with vomiting, before prescribing my remedy I should, under all circumstances, look for the evidences of strangulated hernia or bowel obstruction. Did she complain of a girdle sensation about the spine, I might prescribe *Cactus*, but I certainly would look for evidences of disease or injury of the spinal cord.

If I were called upon to prescribe for a woman suffering from menorrhagia, I probably would give her the internal remedy suggested by the totality of symptoms, but if the bleeding persisted, I would deem my conduct reprehensible, if not actionable, did I not explore the uterine cavity and apply both for diagnostic and curative purposes crude *Ferrum metallicum* in the form of a sharp curette.

And so I might continue indefinitely in showing how important it is for the up-to-date physician, if he prescribes intelligently, either homœopathically or otherwise, to combine with his symptomatology a thorough knowledge of pathology and diagnosis. If I had been unduly epigrammatic, it is for the purpose of driving this point home. The astounding strides of surgery have, I fear, caused some of us to neglect our *materia medica* and made therapeutic agnostics of not a few of us. During the twenty-seven years that I have been a teacher in the colleges of our school and a contributor to its literature it has been both my aim and my constant effort to maintain the balance between therapeutic agnosticism on the one hand, and what seems to me a blind, unwarranted faith in drugs on the other.

This broad conception of medicine brings us at once to the limitations of the law of similars. According to my way of thinking this law has nothing to do with agents which affect the organism either chemically or mechanically ; nor has it anything to do with those agents required for the development or support of the organism when in health ; nor has it anything to do with those agents employed either directly or indirectly

to remove or destroy parasites which infest or prey upon the human body ; nor has it anything to do with agents which act in a purely eliminative way to rid the system of poisons and ptomaines ; nor has it anything to do with agents which act in a purely stimulative way, as, for instance, in introducing into the system the normal saline solution or adrenalin in dealing with shock. I believe that such an exposition of Homœopathy and the law of similars as this is the broadest possible conception of the healing art and that it places Homœopathy in a position where it even rises above pathy, although it still remains Homœopathy. It limits the law of similars to its legitimate sphere of action—the curing of diseases which are curable by the principle of substitution and leaves its advocates free to use all methods of curing or relieving disease which will best subserve the interests of the patient. There still remains for me, as a gynecologist and surgeon, a wide field of application of the law in the treatment and the cure of constipation, or peritoneal irritation, of backaches, of headaches, of subjective phenomena, of the various kinds of vasomotor disturbances, of dysmenorrhœas not due to mechanical causes, of menorrhagias, of anæmias, of malnutritions, of post-operative complications, and of the hundred and one conditions which confront me almost daily and which require the indicated homœopathic remedy.

An academic discussion of the numerous diseases and conditions occurring in women which are amenable to homœopathic medication is justified neither by the time nor by the occasion. I shall content myself by calling your attention to one distressing condition alone, which, without the law of similars, I should not know how to treat intelligently. I refer to the treatment of the menopause, either forced by the removal of the uterine appendages, or as occurring as one of the normal crises of a woman's life. I know of no class of symptoms which will respond more quickly to the properly selected remedy than will the various disturbances and phenomena incident to this period. Ringer, Bartholow and others, of the older school have hinted at the utility of some of the remedies used in

the treatment of the vasomotor disturbances incident to this period, but the rank and file of the dominant school have largely ignored the suggestions of these writers, confessing their inability to relieve the flushes, the headaches, the local congestions, etc., without placing the patient under the action of remedies the constant use of which they themselves admit to be pernicious.

We must of course here, as elsewhere, not fail to look for local causes if the internal remedy fails to relieve the symptoms for which it is prescribed. But we have in remedies like *Sanguinaria*, *Lachesis*, *Sulphur*, *Amyl nitrate*, *Glonoïn*, and *Jaborandi*, agents which are of the utmost value in the treatment of the flushes of heat and other vasomotor disturbances which characterize this period. *Jaborandi* is a remedy which in my opinion is not employed as often as it should be for such disturbances. For years it has been one of my favourite drugs for the treatment of morbid perspirations, especially when there is marked salivation with suffusion of the face and the entire body, and particularly if there is nausea and vomiting. It is a remedy which I have found especially useful in the treatment of Graves' disease when in addition to the tachycardia the foregoing symptoms are present. I rarely use it lower than the sixth decimal potency. I wish it were possible for this bureau to make a more careful proving of the drug.

#### A TEST OF 60x POTENCY.\*

A DROP of liquid or a grain of insoluble substance run up in its entirety to the thirtieth centesimal potency, or its equivalent the 60x trituration, according to Hahnemann's directions, as given in his works, would occupy a bulk of matter equal to fifty-seven times—and something over—the bulk of this earth, according to the latest calculation. This enormous amount is the stumbling block in the way of belief in the infinitesimal in the minds of many, and has often been advanced, even among otherwise good homœopaths, as being inconceivable, and in truth it is beyond

\* From the *Homœopathic Recorder*.

human comprehension, verging on an attempted conception of time and space—things beyond the human mind.

We do not intend to enter into any arguments here on the subject, but to confine ourselves to facts that have been proved beyond question, because they have been demonstrated to human senses.

After months of negotiation Messrs. Boericke & Tafel succeeded in securing a supply of radium *pure*, so certified by the chemists of Europe.

The radium was then triturated up to the 12x, and photographs were made from its rays as tests.

Among others was a distinct impression that was taken through a hard wood maple plank of half an inch thickness, which was placed between the radium pure and the object photographed.

After trituration up to the 12x, a very brilliant picture was taken by exposing an object, and the necessary plates, to its rays.

This 12x was triturated up to the 30x, and again it showed very distinctly on the plates.

Then this 30x was triturated on up to the 60x, which is the thirtieth centesimal potency, according to the Hahnemannian process—I to 9 of each preceding x potency—and again this trituration—of the 60x—was subjected to the photographic test, and after an exposure of forty-eight hours, showed a distinct impression on the plate of the object photographed.

These experiments were made not with a view of establishing a theory but of ascertaining facts.

To make assurance doubly sure, after the above was written, a supply of the 60x trituration was taken from the “stock bottle”—that from which orders are filled (this was done at the request of the editor of the *Recorder*)—and again subjected to the photographic test with a brand new object, to prevent any possibility of error, and again the result was a very distinct photograph. The actual amount of the trituration used in taking this photograph was no more than is contained in a half drachm vial.

These experiments demonstrate, it would seem, beyond question, the presence of the drug in this

potency. It is reasonable to believe that other drugs so treated must also be present in this potency, even though that presence cannot be visually demonstrated.

These experiments ought to settle the vexed question that has been so long discussed in and out of the American Institute of Homœopathy.

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## REVIEWS.

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### DR. GOLDSBROUGH ON INTRACRANIAL TUMOUR.\*

HERE in a convenient form is a reprint of a most interesting paper read at Liverpool by Dr. Goldsbrough. Full details are given of four most interesting cases, cerebellar tumour and cerebral tumour. Chief clinical interest, however, will centre round the fourth case, wherein, after marked symptoms leading other experts besides Dr. Goldsbrough to diagnose cerebellar tumour, gradual recovery took place to a condition approaching the normal. The progress appeared to be associated at least with the administration of *Sulphur*, and it is interesting to note that *Sulphur* 30 was given *twice a day* for a week, for three separate weeks during one winter—a dosage which would by some be considered excessive, but seemed here to do nothing but good. *Sulphur* 200 also appeared effective, but no corresponding result was obtained from *Sulphur* 1m. It is only by the patient accumulation of comparative results of this kind that we can hope to discover the laws that should govern the choice of potencies. The pamphlet deserves most careful study.

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### DR. BERNSTEIN ON ECZEMA.†

DR. BERNSTEIN is well known all over the world as an authority on skin diseases, and many will turn with eagerness to hear what he has to say about eczema, that most trying and troublesome of com-

\* *Four Cases of Intracranial Tumour*, by G. F. Goldsbrough, M.D.

† *Eczema: What is it and what shall we do for it?* by R. Bernstein, M.D.  
Reprinted from the *Medical Century*.

plaints. Dr. Bernstein has much of interest to say about the varieties of eczema, and has illustrated his text with good photographs. Then follows a valuable section on general hygienic treatment and local applications. We are interested to see that Dr. Bernstein uses a considerable variety of the latter. The greater part of the pamphlet consists of detailed indications for a large number of drugs and the potencies found by Dr. Bernstein to be the most useful.

Eczema is pre-eminently a condition which demands general treatment, and the local symptoms are often of less importance, but there is sometimes perhaps a tendency overmuch to neglect the local symptoms, and whenever these are prominent Dr. Bernstein's index will be found of great value.

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### CORRESPONDENCE.

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[TO THE EDITOR OF THE "HOMŒOPATHIC WORLD."]

DEAR SIR,—Will you allow me to add to the list of names recorded in your last issue as donors to the fund of the International Homœopathic Council, the following colleagues, whom we wish to thank very heartily :

Drs. Pritchard, Sandberg, Alleyne Cook, and Finlay.

Dr. McNish has sent me, as Treasurer, the sum of £50 in a cheque, and which I desire to publicly acknowledge as from the British Homœopathic Society, as a token of their "good will" towards the Council.

At the Ghent Congress we received the following sums :

	£	s.	d.
Dr. James H. McClelland—to reimburse us for \$40 remitted to him to cover the cost of obtaining certified copies of State Laws governing pharmacy in U.S.A. (for Dr. Brasel) ..	10	4	0
Drs. D. N. Ray and J. N. Majumdar, both of Calcutta (the two in) ..	2	2	0
Dr. Tuinzing for the Holland Homœopathic Society ..	5	0	0
Dr. Axell, of Ostersund, Sweden, a personal contribution ..	5	0	0
Dr. Nilsen de Vasconcellos, of Rio de Janeiro (personal gift) ..	5	0	0
Dr. Arnulphy, of Paris, 100 francs (personal gift) ..	4	0	0
Dr. Mende-Ernst, of Zürich (personal gift) ..	1	0	0



I may here mention that the only change in the Executive of this Council was the regretted resignation of Dr. C. E. Wheeler from the Secretaryship, which post is now taken by the writer, with Dr. Kranz-Busch, of Wiesbaden, as Associate Secretary, and the addition of a Vice-President in the person of Dr. Brasol, of St. Petersburg, in recognition of his labours in the Pharmacy Laws of Russia. It was thought to be the least we could do for him, and at the same time honour ourselves by being able to link his name with the work we have in hand.

Trusting that you will find space for this announcement, and with the information that a detailed account of the work at Ghent will be submitted at an early date, with the hope that you will also find room to recount that

I remain,

Yours sincerely,

E. PETRIE HOYLE,

*Hon. Secretary and Treasure I.H.C.*

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## OBITUARY.

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### DR. TOMMASO CIGLIANO.

HOMŒOPATHY in Italy has attained a severe loss in the death of Dr. Tommaso Cigliano of Naples. He has lived to the ripe age of seventy-one, and throughout his long life has never wavered in his devotion to Homœopathy and in his untiring efforts to forward its extension and perfection. For years, with the aid of his son, Dr. A. Cigliano, he had conducted a most flourishing dispensary in Naples, in itself a monument to his memory which, we are glad to know, his son and successor hopes to continue. To fill a place so worthily occupied for so long is no easy matter, but it is one great glory of a fine and well-spent life that its history is a stimulus to those who remain, and we have no fear that the flag of Homœopathy will fly less bravely in Naples in spite of a loss so serious as that of Tommaso Cigliano.

## VARIETIES.

CHEMICAL ELEMENTS AND THEIR PARENTAGE.—While there has been no sensational event or discovery reported in the chemical world recently, there is one branch of research being patiently pursued which promises to give us something more than a mere "glimpse into the nature of things," judging from the confirmatory evidence which is being obtained in favour of the probability of one element being changed into another by electrical influences. Early in the year some excitement was caused in scientific circles by the announcement that proof had been obtained of the conversion of energy into matter, because in old electric bulbs, which had contained hydrogen, elements were found which had previously not existed in the bulb. Speculation turned upon whether the new gases were the direct products of electric energy or whether they were merely occluded materials expelled from the bulb or whether they were transmutations of hydrogen or aluminium, the material of the electrodes. According to further work upon the subject Professor J. Norman Collie, with Mr. Hubert S. Patterson, find that electrodes are not necessary for the production of neon and helium, for, if a powerful oscillating discharge be passed through a coil of wire wound round a glass bulb containing a little hydrogen, helium with some neon can be detected in the residual hydrogen. Additional refinements were given to the experimental side of the subject with the same result, that is, helium and neon appeared in a thin atmosphere which formerly contained only hydrogen, judging by all the excessive precautions which were taken to exclude the presence of other elements. Hydrogen in considerable quantities can be made to disappear apparently entirely in tubes through which a heavy discharge passes. A gas was also produced in these experiments which showed a carbon spectrum, and there was a suggestion, too, that when copper, platinum, palladium, or magnesium was placed in the electric stream in a vacuum tube containing hydrogen, sulphur was produced. In construing these results, it may be observed that preference is being given to the view that there is transmutation of material going on, while there appears to be little belief in the suggestion of there being a creation of matter out of energy. The birth of the atom is evidently not yet a plainly demonstrable fact. All the same, the researches, so far as they have been prosecuted, are yielding sensational results, suggesting the proof of transmutation to be coming. And it is fortunate that the way is now made clear for an exhaustive research on the transmutation of elements by the fact that experiment is open to all who can command the means of utilizing powerful cathode discharges. It may be urged that the transmuted products so far apparently obtained are severely microscopic, but that does not detract from the possibility of establishing a principle which may underlie the development of all. Then may come the discovery that the primordial stuff after all is energy; at present such statements are premature.—*The Lancet*.

**TUBERCULOSIS OF THE LIVER WITH JAUNDICE.**—It is well-known that tubercles are often found in the liver in fatal cases of generalized tuberculosis. Caseous tuberculosis of the liver also occurs, but is rare. These conditions have been observed post mortem. The clinical aspect of tuberculosis of the liver has received little attention. In the *New York Medical Journal* of May 10th, Dr. L. S. Milne has reported two cases of tuberculosis of the liver with jaundice. The clinical picture is fairly definite, but has scarcely been noticed in the literature of tuberculosis. In the first case the patient was a somewhat wasted but well-developed man, aged fifty-eight years, suffering from alcoholic neuritis. The liver was slightly enlarged, and could be faintly palpated one-and-a-half inches below the costal margin in the mid-clavicular line. Four weeks before death the temperature began to rise to 101°F. and sometimes to 102°. He became rapidly weaker; his gums became spongy, and several attacks of epistaxis occurred. The bowels became very loose, and there was slight melæna. The abdomen slowly became distended with gas, and was slightly rigid and tender. Typhoid fever was suggested, but the Widal reaction proved negative. Von Pirquet's tuberculin reaction was positive. Blood examination showed 14,000 leucocytes, 75 per cent. of which were polymorphonuclear. Eight days before death the liver was considerably larger, reaching two-and-a-half inches below the costal margin. The spleen appeared to be slightly enlarged. At this time jaundice was noticed, and rapidly progressed in intensity. The leucocytes fell to 4,600. The temperature ranged from 99° to 101°. At the necropsy the liver was found enormously enlarged, weighing 2,950 grammes. It was almost completely filled with miliary tubercles. The spleen was also enlarged and crowded with tubercles. There were many tubercles in the cortex of the kidneys. No signs of tuberculosis could be found in the other organs, but there were a few adhesions at the apices of both lungs. In the second case a man, aged forty-two years, complained of pain in the right hypochondrium and sometimes in the back. He showed considerable jaundice, the duration of which could not be ascertained. There was slight emaciation. The upper abdomen was tender and the liver was much enlarged, extending from the fourth rib to three inches below the costal margin. The spleen was slightly enlarged. The temperature rose to 101° in the afternoon. Obstructive jaundice was diagnosed and laparotomy was performed. The liver was large and congested. The gall bladder was buried in adhesions. No calculi could be found, and the abdomen was closed. The jaundice diminished, but increased again four months after the operation. Pulmonary tuberculosis developed, and death occurred seven months after the operation. The liver and spleen were found crowded with caseous tuberculous areas. It is noteworthy that hepatic tuberculosis was not diagnosed in either of these cases. In the recorded cases its diagnosis has generally been missed, though the clinical picture is fairly definite.—*The Lancet*.

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Letters to the Editor requiring personal reply should be accompanied by stamped directed envelope.

All advertisement and business communications to be sent to the "MANAGER" of the Homœopathic Publishing Company, 12, Warwick Lane, Paternoster Row, London, E.C.

LITERARY matter and correspondence should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the *Editor* as early as possible.

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BOOKS AND JOURNALS  
RECEIVED.

Brit. Hom. Review.—Revist. Hom.—Med. Times.—Allg. Hom. Zelt.—Med. Advance.—The Chironian.—La Homœopatla.—Ind. Hom. Rev.—Hom. Envoy.—The Chemist and Druggist—Medical Century.—Rev. Hom. Française.—H. Recorder.—L'Omlopatla in Italia.—Revista Hom. de Pernambuco.—N.A.J. of H.—New

Eng. Med. Gaz.—L'Art Médical.—Hom. Jour. of Obst.—Annals de Med. Hom.—Century Path.—Hahnemannian Mon.—Pacific Coast Jour. of H.—Journal B.H.S.—Zoophillist—Calcutta Jour. of Med.—Le Propagateur de L'Homœopathie.—Från Homöopatien Värld.—Journal of the American Institute of Homœopathy.—Eczema: Bernstein.—Indian Homœopathic Reporter.—La Critica.—The Homœopathician.—Iowa Homœo. Journal.

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# THE HOMŒOPATHIC WORLD.

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OCTOBER 1, 1913.

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## THE MORAL OF THE LIVERPOOL CONGRESS.

FROM the article in this number, our readers will be able to learn that the Congress in Liverpool was a great success, and they will also, we are confident, realize that there was one feature of the gathering so significant that it deserves to be brought into prominence in every possible way. This feature was the generous, whole hearted courtesy with which a Congress of Homœopathic medical men was welcomed by the University authorities, not only in one instance, but in every instance in which any kind of aid was sought. Among men in those official positions which have hitherto so often prevented from appearing any latent goodwill towards others professing heretical doctrines, doctor after doctor came forward to give time and courteous attention to our colleagues, meeting them upon the common ground of medicine, without cavil at any unshared opinions. The same note was struck in the banquet that closed the proceedings. From first to last in Liverpool there was manifest on our side a desire to link our special faith to the assured heritage of medicine, and on the side of those who do not hold our beliefs a readiness to receive us without condescension or carping as fellow medical men, who might be prepared to differ as to details because bound by a common interest in social life, and the part which the physician can play therein. Significant this occurrence is beyond expression. On all sides the barriers are breaking down. If now we play our parts worthily, we may yet

see the profession of medicine a united body, not united in the stiff stolidity of refusal to leave prejudice, but in the elasticity of a scientific army, which is aware enough of its ignorance to welcome every possible ray of illumination, not rushing to blind enthusiasms, but still less hardening into scepticism; a body whose search shall be truth, and its watchword experiment. In such a body homœopaths have their place. If they fit themselves to fill it and boldly claim it, there are signs that their claim will not always be denied.

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THE METAMORPHOSIS OF *FILARIA LOA*.—A discovery of considerable importance has recently been made by Dr. R. T. Leiper, Interim Wandsworth Scholar of the London Tropical School of Medicine, who has reported from Calabar that the metamorphosis of *Filaria Loa* has been proved to take place in the salivary glands in a fly belonging to the genus *Chrysops*. The so-called "Calabar swelling" is a common result of infection with this worm among Europeans in West Africa. The members of the genus *Chrysops* are day-biting flies, and are very widely distributed not only in the tropics, but also in temperate climates, even in the British Isles. It is expected that Dr. Leiper will now be able to show which species of *Chrysops* are the carriers, as it is known that *Filaria Loa* is limited to West Africa. The embryos of *Filaria Loa* are found in the blood only during the day-time and are therefore called *Microfilaria diurna* by some in distinction from *Filaria bancrofti*, the cause of Elephantiasis, whose embryos are found in the blood only during the night and are known as *Microfilaria nocturna*. The diurnal periodicity of the embryos of *Filaria Loa* suggested that the intermediate host was a day-biting insect, and Dr. Leiper has proved that the intermediate host of *Filaria Loa* is a day-biting insect, a member of the genus *Chrysops*. Knowing this, it should not be impossible to determine the conditions under which people become infected, so that such infection may be prevented in the future.—*Medical Press*.

HINTS.—Sometimes constipation is cured by *Opium* 6. Stop the medicine when improvement appears. It is generally indicated when there is no desire for stool.

Pine-apple juice is said to relieve many cases of anorexia or loss of appetite—in plainer words.

## NEWS AND NOTES.

### EDUCATION FACILITIES, 1913-1914.

WE have received a copy of the pamphlet bearing this name, which, like its fellows in past years, is an excellent and attractive summary of the facilities for instruction in Homœopathy which are now available at the London Homœopathic Hospital. Now, however, remains the task of bringing these facilities before the notice of possible students, and here is a sphere wherein any reader of the WORLD can do some work. To persuade any doctor who is in the least sympathetic to take even a part of the courses of study prepared for the winter, is to do a real service for Homœopathy. Copies of "Education Facilities," can be obtained from the Hospital, or from Dr. R. Day, 31, Devonshire Place, W.

### THE NATIONAL HOMŒOPATHIC SCHOLARSHIP.

To students attending the Honyman-Gillespie and Compton-Burnett Lecture Courses the Council of the British Homœopathic Association (Incorporated) has for the current session, through the National Homœopathic fund, generously offered a Scholarship of £50 to be awarded at the close of the Winter Session after examination, on condition that the successful candidate attains a certain number of marks and undertakes to continue the study of Homœopathy.

### THE SIR HENRY TYLER SCHOLARSHIPS.

The Sir Henry Tyler Scholarship Committee is prepared to offer Scholarships during the Compton-Burnett Lectures, to suitable applicants for a Post-Graduate Course of Homœopathy in London. Travelling Scholarships are also again offered to enable Practitioners to attend the Compton-Burnett Lectures, the amount to vary with the distance of applicants from London.

Through the munificence of the late Lady Tyler, Dr. Margaret Tyler and other donors, Scholarships of £150 have been endowed by annual subscription to



enable young qualified medical men to study in the State Colleges of Chicago for six months, each student being pledged, if required, to accept the post subsequently of House Physician or House Surgeon to the London or some other Homœopathic Hospital in Great Britain. Information relating to the Sir Henry Tyler Scholarships and applications should be sent to Mr. Edward A. Attwood, secretary to the Scholarships Committee, London Homœopathic Hospital, Great Ormond Street, London, W.C.

#### B.H.S. GOLF TOURNAMENT.

IN the third round Ramsbotham beat Ord.

In the semi-final: Ramsbotham beat Nankivell ; Mason beat Knox-Shaw.

In the final Ramsbotham beat Mason. Full details will be given next month.

#### A NOTABLE WORK.

THE enthusiasm for Homœopathy of our Indian colleagues is well known. Yet another instance of it reaches us in a book on Homœopathic Therapeutics in the Malayalam language, by Mr. Varkki. It is, we believe, the first work on this subject in this language. Our entire ignorance of the tongue prevents us from criticising its contents, but we are sure from other writings of Mr. Varkki (in English), that it is thorough and competent, and inspired by a profound belief in the principles of Homœopathy. We admire his energy and devotion, and wish his book the greatest success.

#### ARSENIC CANCER.

THE following, from the *Lancet*, will interest our readers :—

#### ARSENIC CANCER.

The interesting case recently recorded by Mr. R. J. Pye-Smith and the discussion that followed at the Clinical Section of the Royal Society of Medicine call attention to a risk which is perhaps hardly appreciated sufficiently in medical practice—namely, the possibility that serious mischief may follow the prolonged use of

arsenic in the treatment of chronic affections of the skin. Psoriasis is the disease for which such a use of the remedy is most often made, and it is in those who have suffered from this malady that epitheliomatous developments have most frequently been recorded. The first observer to direct attention to the sequence was the late Sir Jonathan Hutchinson, and some thirty cases are now on record. In Mr. Pye-Smith's case the patient was a woman, aged 29, who had been treated for psoriasis from the age of 7 to 14. No ill-effects were apparently observed until eight years later, when a condition of hyperkeratosis developed, with warty growths scattered over the skin. The first appearance of epithelioma was on the finger where the patient constantly wore her wedding ring, this possibly acting as a local irritant. Later on, malignant ulcers developed on the neighbouring finger, on the pubes, and on the labia minora, this appearance of multiple growths being characteristic of the arsenical affection. In spite of operative removal death occurred, apparently from internal metastatic growths, about two years after the woman first came under medical treatment. The exact method of causation of the form of cancer associated with arsenic is not certain. A direct influence as a stimulant to epithelial growth is possible, the element acting as what Mr. H. C. Ross has termed an auxetic or producer of cell-division. More probably the process is indirect, the poison first tending to cause degeneration of the cells of the skin, and the products of their destruction constituting the stimulus to undue proliferation of epithelium. The clinical sequence would seem to be, first hyperkeratosis or heaping up of the horny layer of the skin, then formation of fissures in the diseased epidermis, with subsequent invasion of these by parasitic bacteria. Ulcers are then formed, in the edges of which epithelioma develops. The use of arsenic for psoriasis is probably less general in these days than it was some years ago, but even now it is not uncommonly used for this affection, and also for chorea over somewhat prolonged periods. New arsenical compounds have also been introduced, such as salvarsan and atoxyl, which may not be free from danger, though they are usually given in comparatively short courses. It is therefore well to bear in mind the possible ill-effects of arsenic and carefully to watch for the appearance of any signs of thickening of the skin, which should lead to the immediate suspension of the drug. It is noteworthy that in Mr. Pye-Smith's case the onset of the skin affection was only noted many years after the treatment had been discontinued, a somewhat disquieting circumstance suggesting that even such a warning may come too late, and that the safer rule would be to avoid altogether the prolonged use of arsenic.

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#### SOME MATERIA MEDICA HINTS.

*Arundo*.—Hay fever with tickling in roof of mouth and nostrils.

*Badiaga*.—Neuralgia worse when thinking of it. Cough with flying expectoration.

*Carbolic Acid*.—Headache, band around head ; very offensive nasal catarrh.

*Codeine 3x*.—Dry, hacking, irritating cough ; worse lying down.

*Conium*.—Dry spot in throat causes cough. Impotency or too early emission. Women with ungratified sexual feelings.

*Corallium*.—Cold mucus in catarrh.

*Elaps*.—Offensive otorrhœa ; greenish post-nasal catarrh.

*Lac caninum*.—Sore throat begins on one side and goes to other. Fulness of breasts before menses. Pearly white membrane in diphtheria, alternating sides. To dry up milk supply.

*Melilotus*.—Headache with flushed face ; nose-bleed relieves.

*Onosmodium*.—Neurasthenia from sexual excess or eyestrain.

*Penthorium*.—Coryza ; crust and wetness in nose.

*Sticta*.—Cough dry, worse morning and evening. Dry clinkers in nose ; chronic catarrh.

*Wyethia*.—Nasal catarrh, itching far back and dry, constant desire to swallow.---*Chironian*, DR. RABE.

#### BRavo, Boston !

OUR colleague, Dr. Sutherland, sends us these figures. As Dean of the Boston University School, he takes a natural pride in them, in which every homœopathist will share.

Percentage of *failures* before State Examining and Licensing Boards of *all* applicants for Licence to Practise Medicine in all States of the Union, during the year 1912 (quoted by Dr. Sutherland from the *Journal of the American Medical Association*, May 24th, 1913). The smallest percentage of failures is credited to the Boston University School of Medicine (which is Homœopathic), than to any other Medical School in New England.

	Graduates of all years.	Graduates 1908-1912.	Graduates of and previous to 1907.
University of Maine ..	11.1	0.	66.7
University of Vermont	7.0	10.2	25.0
Dartmouth (New Hamp- shire .. ..	11.8	12.5	0.
Yale (Connecticut) ..	6.7	7.1	0.
Harvard .. ..	11.8	12.3	8.3
Tufts .. ..	10.1	7.5	33.3
Physicians and Surgeons Boston University School of Medicine (Homœo- pathic .. ..	28.0	26.9	50.
	3.3	3.8	0.

*Actea Racemosa*.—This drug is especially suitable for nervous females, tall, dark complexioned, and subject to rheumatic and uterine troubles, resembling in this latter respect *Caulophyllin* and *Sepia*; and in neuralgia and rheumatism, *Belladonna* and *Rhus*, which are complementary. Its action on the male organism is more analogous to that of *Bryonia*. In alcoholism and delirium tremens *Actea* is indicated when the patient has a frightened look and changes rapidly from subject to subject. Like *Lachesis*, *Rhus* and *Thuja*, it affects especially the left side, like *Belladonna*, the upper dorsal spines; and like *Belladonna*, *Bryonia* and *Rhus*, the lumbar muscles. Characteristic indications are: Sleeplessness, sensitiveness to draughts of air (China), sinking at epigastrium; palpitation, especially after full meal or over exertion; left sided prosopalgia (*Colocynthis*, *Mercurius biniodide*, *Mezereum* and *Spigelia*). Tongue clean, but pointed, as in *Rhus*; frequent ejaculatory sighs; short, dry cough; leucorrhœa (post-menstrual). *Rhus* or *Sepia* follows well.

*Baptisia Tinctoria*.—Like *Veratrum viride*, which it resembles in some respects, this drug will, doubtless, be better appreciated as its true range of usefulness becomes better known.

In the early stages of typhoid fever *Gelsemium* and *Veratrum viride*, *Belladonna*, *Bryonia*, *Arnica* and *Rhus* seem to compete with *Baptisia*. It seems to be especially applicable to diseases of a septic nature or origin, in which fetor and great prostration are prominent features. Hence its reported success in diphtheria and diphtheritic croup. In this marked prostration its analogies are notably *Arsenicum*, *Gelsemium* and *Rhus toxicodendron*. In the appearance of the tongue, and in the "sore, bruised feeling," it resembles *Arnica*. We turn to the mental symptoms for a distinction. The *Arnica* patient says, "there is nothing the matter" with him, or else "he forgets the word while speaking." The *Baptisia* patient either "falls asleep in the midst of a sentence," or "he cannot sleep because his head feels as though it was scattered about." In some symptoms it also somewhat resembles *Actea racemosa*.—*Medical Century*.

## ORIGINAL COMMUNICATIONS.

A DISCURSIVE REPORT OF THE GHENT  
CONFERENCE OF THE INTERNATIONAL  
HOMŒOPATHIC COUNCIL.

“ It is well to strike while the iron is hot, but it is better to make the iron hot by striking.”

[TO THE EDITOR OF THE “ HOMŒOPATHIC WORLD.”]

SIR,—When a third scribe is asked to write an article on a given subject for the same journal, one of several things is almost sure to happen. (a) Either the article will be rank repetition, or (b) it may be flat from the absolute avoidance of any such repetition, (c) or, happily, it may take the same subjects from different standpoints, and with but some slight repetition.

Such is my present difficulty, for Drs. Burford and Neatby have presented the subject of the Ghent Meeting of the International Homœopathic Council Congress to the readers of the “ HOMŒOPATHIC WORLD,” on the top of which the Editor asks me for “ my account ” of the same meeting for the same journal.

It is well first of all to voice the praise of our hosts, the Belgian Homœopaths, of whose successful activities their secretary, Dr. Samuel Van den Berghe, was undoubtedly the main spring, but with such a trio as he, together with their President, Dr. de Cocman, and Dr. Keghel, their Hon. President, it is hard to understand why Homœopathy is not more to the front in Belgium. They have power enough to move and carry any project to mature completion ; let us hope that the Council's Congress may prove the hand that has wound up the clock afresh.

It is also well to bear in mind that when we urge Lay Propaganda of Homœopathy, *we are not moved to try and obtain more patients for any Homœopathic practitioners, because all such have all they can do. So nobody must or can say that our work is due to self interest,* and it probably lies in this fact that each Belgian colleague is working early and late to cope with

insistent calls that they have not had time to organize for Lay Propagandism, and for a proper sequence of practitioners to fill the future gaps which time must make.

That they have not also founded any hospitals, small or large, may be partially due to this fact of being overworked, though it would appear also to have been due to the fact that they "could not obtain official recognition for such Hospitals," but it was shown them that they might have worked for "subscription or semi-public Hospitals for Homœopathy," which would be on a par with those we have in England.

It is feasible for them, and indeed many other countries, as was proved for Belgium, by the fact that one colleague in that country has had a "private hospital" of some importance and success for years. Proper statistics cannot be obtained from "private hospitals," because they lack the "official" power to verify figures.

The "official recognition" can only come when such "subscription or semi-public hospitals," be they of only six beds each, prove by figures what they can do for and save the State in the aggregate. Speaking of small and insignificant beginnings, let us bear in mind how the great Blackwell's Island (N.Y.) Hospital was started! Just prior to 1874, Dr. Guernsey, whose name is familiar to every homœopath, would not give any of his political friends any rest until they "did something" for Homœopathy. Well, he got an old disused "prison building" thrown at him, evidently to stop his importunities and probably to get rid of him for ever—through his expected failure. But Dr. Guernsey and his colleagues had many "aces" up their sleeves, and these "high cards" were their valuable homœopathic remedies and therapeutics. Briefly—"this Homœopathic hospital had in 1910 "some 1,737 beds and the Municipality of New York "were pledged to carry out various annual contracts "between the years 1910 and 1915 to the extent of "\$2,374,000—which will add 1,153 new beds, with a "total of 2,890 beds in 1915; all the group of buildings

“are carried out in a perfectly harmonious design, “and are constructed in grey granite and ferro-“concrete.” This proves confidence in Homœopathy.

This has been possible because Homœopathy has proved that it is a very valuable asset to the State and that city. It is a life-saver and a money (tax) saver !

Let us keep such examples ever before us and use such facts for all they are worth to stimulate ourselves as well as to serve as an object lesson to any and all governments, municipal or national.

It is worthy of note that ELEVEN COUNTRIES were represented by actual delegates at our Ghent Congress, and one other was represented by proxy. They were Switzerland, England, Brazil, Spain, Sweden, Holland, Belgium, Denmark, France, Germany, and U.S.A., (and Mexico by proxy).

Mark well, also, that Spain sends its delegates armed with the national honour of a “Royal order” to represent the Homœopathy of that country, and Brazil’s will in future have a “Federal warrant” to represent, with suitable dignity, the wonderful strides Homœopathy has made in that country. That her delegate, Dr. Nelson de Vasconcellos, of Rio, had not a “Government warrant” this year was because the Executive of the International Homœopathic Council had not been notified by the Brazilian Society to requisition the Brazilian Government direct for a Federal nomination, an oversight which will not occur again.

The fact that two nations will appoint delegates to our Congresses in conjunction with their local Homœopathic Societies, should stimulate other nations to obtain like national “rights.” One thing is sure, the favours did not fall on to the shoulders of these Brazilian and Spanish colleagues by their being mute. Some initiative is always necessary, nor must such work for Homœopathy be classed as “officious intrusiveness.”

Our superiority in life-saving is full warranty for us to speak at any time and to any audience, even in the attempt to get the “ear” of a national government.

We have said that twelve countries were officially represented ; besides this we heartily welcomed visiting physicians (who were without votes) from Sweden, Belgium, Spain, Germany, England, and U.S.A.

There were two insistent notes at Ghent. How best to attract members of the medical profession to our ranks and also how best to carry on the work of lay propaganda, which latter, we insist, is only from the humanitarian standpoint and not to add labour to *our* already heavily mortgaged working hours.

We have been driven to address the laity thus because the Allopathic school, as a whole, has adopted the ostrich-like methods of hiding its head in the sand, or what is truer to nature, that bird lies down with its head flat *on the soil* and *closes its eyes*, leaving its bulky body (the Allopathic attitude) in full view.

This professional boycott is covered by a German word, "Todschweigen,"—to kill by silence ; in the meanwhile—thousands are dying unnecessarily, if unrefuted and irrefutable statistics count for anything. The Allopathic "ostrich" must not think that "we cannot be seen," or that "we are not progressing," simply by closing its "official eyes."

Seemingly it is being left for the "ends of the earth" officially to recognise Homœopathy, whilst the few nations who like to pose as the "hub of the universe"—are stagnant as far as their Governments are concerned. It will be a humiliating future for some, when Homœopathy comes to its own ! Are there no legislators in the Central and Western European countries who will voice the national necessity of "scientific tests" in "public institutions ?" Of course these "tests" must be under suitable instruction and guidance, because with best intentions Allopaths cannot practice successful Homœopathy without considerable training, even if they were quite free from bias.

One of the first things to do is to institute "chairs of Homœopathy" in all teaching centres, and the International Homœopathic Council will "work away" until this recognition is an accepted fact.

Homœopathy has been steadily progressive for over a century ! No persecution has dislodged any of



our vital points! Modern collateral science, the microscope, radio-activity, chemistry, serum therapy, etc., is substantiating our tenet of the value and power of infinitesimals, so long laughed to scorn, as inert, nay, fantastically impossible.

And one thing for the Allopaths (as individuals) to bear in mind is, that our societies can place many physicians in lucrative positions, once they have shown a capable interest in Homœopathy. This was well borne out at Ghent. This is a fact because *we know of thousands of families who demand Homœopathic protection*, and the tens, nay, hundreds of thousands of "lay manuals" prove that a like number of families are self prescribing Homœopathy to the limit of their courage, in their determination to have the benefits of Homœopathy and avoid senseless "over-drugging."

One effect of the International Homœopathic Council carrying the message direct to the laity will be that the laity in time will demand that their allopathic attendants must study Homœopathy for the benefit of themselves and the lives in their keeping.

One of the most emphatic decisions at Ghent was that we must proceed with this "Lay propaganda," and to that end, they endorsed, fully, the little pamphlet that had been prepared during the last year, entitled, "Fifty Reasons for being a Homœopath, to which is added some irrefutable comparative statistical proof thereof."

This is sold below cost price by the London Homœopathic Publishing Co., of 12, Warwick Lane, E.C., and they have signified their consent that it may be translated into any foreign language, if only their name, etc., is inserted on the translations.

As for my name, which is on the title page, if it is thought that it will be more acceptable without it, the publishers have my sanction to take off my name, upon the request of any Homœopathic Society. It is the work and not the man that counts.

Any reprint should bear the fact that it is fully endorsed for the work by the Congress at Ghent, as an "Official International pamphlet for Lay Propaganda."

I have no financial interest in it, as I *gave* the MSS. of the first part, and did all the proof-reading into the bargain.

One earnest plea at Ghent, by President Dr. Mende, was that we as a school should be cautious about our "internal" differences of opinion, as between the "High" and the "Low." To quote Dr. Mende, "Let us fight as comrades, side by side, each helping the other! Let us voice no other aim but the glory, development and the strengthening of Homœopathy."

Perhaps it is well to mention in passing that no one of this Council—Delegate or Executive—takes any "pay" for his work in connection therewith. We are banded together for the strengthening of Homœopathy.

The lesson derived from the remarkable account given the Congress by Dr. Nelson de Vasconcellos, of the rise and success of Homœopathy in Brazil, is full of importance to us, wherever situated.

*Ours is not the part to be quiet whilst "waiting to be asked!" Ours is not the part to take oppression and even insult "lying down!" The Brazilian Homœopaths, who, fortunately for the cause, rank amongst the foremost scientists of that country, have shown us the way to organize, to propagandize, to refuse to be kept down, and it seems to me that the history of Homœopathy in any country, when eventually written up, will more or less mark the epochs when men of true power had their brief day.*

When any country has lagged in Homœopathy, it will be discerned that our men were too self-centred to advance the cause. Where Homœopathy was advanced in any country—that epoch will surely be traceable to the leaven of some few men, who besides their daily work, were able to rise superior to that personal labour, and make history for Homœopathy, and the more such men advanced Homœopathy, the more it will be found that this was done at the sacrifice of personal interest, comforts, and possibly health.

Here and there it is quite apparent that Homœopathy has been *kept back*, in a half moribund state actually by interests of a purely personal nature—"pseudo-ethical" in character when truly analysed. One

"obstructor" may have a relation who, unfortunately, is an Allopathic star, of greater or lesser magnitude, and our Homœopathic colleague has to make his actions suit the wishes of the dominant relative. In times past this has been an historical and inglorious fact.

The voice of the Council then, and the countries they broadly represented, was all for the publicity and propaganda of our life-saving art—in which we are powerfully backed by statistics.

Look at the lesson of Brazil! *Did they succumb or even keep quiet* after they had at first refused Government recognition? No! they retreated for a time, but immediately they better organized their forces for future campaigns! And now! *Do the Brazilian Allopaths despise them for their organization and success?* They simply cannot despise them, but they might well have done so, had our men "kept to heel," for it is not to be thought that any Allopath likes to be proved in the wrong, any more than you or I would like it.

So it must not be fear of whether the Allopath will like our propaganda, or whether we have friends or relations in the Allopathic camp (and I think it can be said of all of us that we have personal friends who are Allopaths who personally deplore the "boycott,")—it is never the individual opinion that counts—it is the attitude of the Allopathic school as a whole, which condemns Homœopathy—funnily enough without even a trial—therefore through rank ignorance of the subject. This is the thing which matters!

*We have a serious duty to perform for humanity, now that we have embraced Homœopathy,* and personal considerations and interests must be obliterated.

Note in brief the history of Brazilian Homœopathy. In 1818—that is twenty-two years after Hahnemann gave the world his discovery—Homœopathy was already known in Brazilian schools.

In 1840 Drs. Mure and Murtinho formed a Homœopathic Academy *to which Allopaths were admitted*; and in 1843 was founded a Homœopathic Institute; the Government gave a medical certificate to the Homœo-

pathic school, but not a diploma. In 1847 the first Diploma was issued. Then began a great fight between the two schools—Allopath and Homœopath, but as Dr. de Vasconcellos said: "*This fight constituted a new stimulant, although we were beaten!*"

In 1855 there was a great epidemic of Asiatic cholera. "Homœopathy embraced its opportunity and was much more successful than Allopathy." The Homœopathic Institute was reconstructed in 1859.

Dr. Saturnino de Meirelles in 1887 made an enormous propaganda with the leverage of his researches upon the treatment of cholera, with the result that in the official (Government) Hospital de Carredade, which is an allopathic institution, homœopathic treatment was introduced with full official authority of the Government! They also opened a Homœopathic Dispensary.

The homœopaths then strove to establish a chair of Homœopathy in the official school, but failed at THIS TIME.

Then Dr. Meirelles, the then President of the Homœopathic Institute, proposed a "Bill" in the Legislature to the effect that "The Interests of homœopaths should be recognised in the same way as the allopaths, and that their diploma should be recognised by graduated physicians."

It failed to pass, *but this was also fresh incentive to more work and organization!*

THEIR SOCIETIES HAVE NEVER CEASED TO PROPAGANDIZE.

Dr. Licinio Cardoso has recently secured a State subvention of fifty thousand francs (50,000) annually towards Homœopathy, exactly similar to the allopaths, and it is during his presidency that the HOMŒOPATHS WERE GRANTED EQUAL RIGHTS WITH THE ALLOPATHS.

Let it be marked well! One reason for the above success was the Veterinary Homœopathy employed in the army; not only was it more successful, *but cheaper.*

Most houses in Brazil have their own little case of homœopathic medicines. "*The mother is the flower of Homœopathy,*" said Dr. de Vasconcellos.

Homœopathy is established in about ten (or twelve) of the Government General Hospitals, where we have our own departments, with a lower death rate than under allopathy.

Dr. de Vasconcellos said, "The Minister of War, in gratitude for his recovery through Homœopathy, has allowed homœopathic physicians to be called in at the Military Hospital, and they wear the official badge and are eligible for the same honours."

When his allopathic doctor gave him up, he said, "If you call in a homœopath, and he cures you, I will eat all the coal in Brazil." The patient got well, and—the coal is still there.

The homœopaths have now an Infirmary Department in the great Naval Hospital !

The gradual unfolding of the conquest of professional oppression and the honourable action of the Brazilian Government, which action will repay the nation many times over, stands out as an object lesson to any nation, where hide-bound and half stagnant "vested interests" obstruct the march of medical science.

It is an object lesson, none the less, to individuals who would bow down to "vested interests" from personal motives !

The Ghent Congress, I hope, has witnessed the inspiration of a firmer note to be uttered, and stand to be taken, by any weak colleague. If it is precedent they sigh for, then here is a worthy precedent in Brazil !

Dr. Neatby drew special attention to the work of Ladies' Guilds, and the way in which they can work for Hospitals.

It was urged that other countries should embrace this plan, or the still more comprehensive plan of the Hahnemannia Landes Verein of Wurttemberg with its 12,000 odd members, and which is so powerful now that newspapers are pleased to print what is their "news." Thus by lay organization is the "interest" of the newspaper brought into line, to print the news (of Homœopathy) because it knows that its readers will want the "news." In this connection it is worthy of record that the Pittsburgh, Pa., newspapers printed over *fifty* columns of report on the American Institute

of Homœopathy Congress, 1912, and considered it "live copy" at that.

There is a growing desire on the part of the public to be well informed on all questions of the day, and what question is more important than the one which makes possible the difference of a 29.5 per cent. death rate and a 3.9 per cent. death rate (speaking here of the different modern death rates of pneumonia—between Allopathy and Homœopathy) ?

This Council has been asked if it will address the English Ladies' Guilds this winter, and visit other centres where it is hoped there may be new guilds formed, and to which request it heartily agrees. This is in full accord with the sentiment of the Ghent meeting.\*

Dr. Arnulphy, of Paris, has obtained the full moral weight of the Council's backing that he should attempt what he has in mind, namely, that this winter he will try and address the Parisian Medical Students or young graduates on the subject of Homœopathy.

It is this youthful plastic mind which is most likely to be affected by the truths of Homœopathy which ought to come as a haven of refuge and relief after the "black, pessimistic, therapeutic nihilism" of the "old school."

Dr. M. F. Kranz-Busch alluded to a therapeutic work on Homœopathy, in three volumes, got up by the Berlin Homœopathic Society, and which is intended to "bridge" over the gap between the therapeutic tangle of allopathy and the reliant therapy of Homœopathy.

Dr. Kranz-Busch has promised the Council to send a copy at once, that we may see if it be advisable to translate it. He declares it to be cheap. In it is incorporated the scientific corroboration of the tenets of Homœopathy, in a manner, he says, which never before has been attempted.

If the Council finds it feasible, the translation of parts, or the whole, may be undertaken.

The draft of the proposed Constitution, copies of which were sent to every known delegate and to some

\* We address the Laity, October 15th, at Bechstein Hall.

Societies, was adopted in its entirety, when submitted to the Ghent Congress.

Dr. Raphael Barrantes, of Madrid, the representative of the Spanish Government, had drawn up a set of rules which were so nearly like those drawn up by the Executive, that they were practically embraced in the "official draft" of the Constitution, so they were not discussed in detail, but his suggestion that "Esperanto" be the official language was tabled for the present.

It was brought forward by Dr. Burford that this Council must not be considered as Anglo-Saxon or Anglo-American. It is of the whole world.

The Executive Officers for the current year are as follows :—

President—Dr. James H. McClelland, Pittsburgh.

First Vice-President—Dr. George Burford, London.

Second Vice-President—Dr. Mende-Ernst, Zurich.

Third Vice-President—Dr. Leon Brasol, St. Petersburg.

Permanent Secretary of Congresses—Dr. J. Preston Sutherland, Boston.

Secretary and Treasurer—Dr. E. Petrie Hoyle, London.

Associate Secretary—Dr. M. F. Kranz-Busch, Wiesbaden.

The following amounts were donated to the Council funds at Ghent :—

Dr. Tuinzing, for the Holland Homœopathic

Society	..	..	..	..	£5	0	0
Dr. Axell, of Ostersund (personal)	..				5	0	0
Dr. Nelson de Vasconcellos (personal)	..				5	0	0
Dr. Arnulphy (personal)	..	..	..		4	0	0
Dr. Mende (personal)	..	..	..		1	0	0

The next place of meeting was not decided upon, but was left for the action of the Executive Committee, who were instructed to receive as many proposals as possible, and then decide upon the most feasible, considering its location, local requirements, and proposals. It was shown that by fixing on a city, however much it needed a representation of world

Homœopathy, where such a Congress would certainly be poorly attended, would do much harm instead of providing a moral backing. Hence, as very few thought they could get as far North as Stockholm, we had to negative Stockholm, even though that city had received mention at Zurich as probably being the next location of Congress.

This day (Sept. 11th) I have received a letter from Sweden recognising the danger of a poorly attended meeting, and which letter contains an invitation that the Hon. Envoy be sent to Stockholm during the session of the Riksdag (January 15th to May 15th), or say in February, when an official address will again be given, choosing a date when every "Riksdagsman" (Member of Parliament) can be present. In this case special effort will be made to invite each member, so that they will obtain an intelligent idea of the world strength of Homœopathy, before they are called upon to vote on a Bill which was held over from last session and which has for its aim the total obliteration of Homœopathy in Sweden.

This Bill is of course engineered by our hereditary enemies, let us hope only through their ignorance of the cause they so bitterly denounce (without any trial). The Swedish delegate, Dr. Axell, thought that this Bill was stopped last session by the official address of this Council at Stockholm and Gotenborg, though one Bill has already been passed, which prevents Homœopathic physicians selling—or charging for—medicines (which we do *not* do!).

The organised attack on Homœopathy in Russia and Sweden, although differing slightly in detail, has for a basis, the same object which defeated Hahnemann's progress so often, and made it necessary for him to change his residence no less than ten times, for Hahnemann foresaw that unless a physician could be allowed to dispense his own medicines, or if he could not send his prescriptions to the chemists of his own choice, who of course would have special training, then (as now), in Homœopathic pharmacy, it would be impossible to practise Homœopathy for several reasons: (1) Either the drug ordered might not be



faithfully supplied, and so the whole aim and urgency of the prescription would be lost to physician and patient, and *thereon might depend life itself*. In this connection it would make quite interesting (and instructive) reading if the tests made of late years in Germany could receive the full light of day, because some of our German colleagues, fearing that correct drugs were not being dispensed, instituted a series of tests; many being for drugs (?) or substances with fictitious "Latin" names (actually) and yet all these fictitious substances were habitually supplied, in varying potencies ordered in the catch prescriptions.

(2) If a physician is prevented from prescribing his own medicines at times or at will—he will—in emergencies—see his patient actually die for want of the necessary vital stimulation which *must* be given at the earliest possible moment, for there comes a time in the affairs of men (women and children) when the vital forces are beyond all stimulation, therefore, *this right for a physician to prescribe and dispense on the spur of the moment is a "PARAMOUNT ARGUMENT" with any Physician*. Of course, if a legislator is weighing and thinking of allopathic pharmacy and prescriptions, with their often and inevitable danger line, coquetting with the "minimal lethal dosage," which receives consideration so often at the hands of allopathy, but which has absolutely no place in the armamentarium of a homœopath's practice, as most of our medicines are so minute in quantity as to be quite beyond any known analysis, whilst our other dosages are normally decimal sub-divisions of any crude drug, varying, in known toxic substances from 3x (1-1000) to 6x (1-1,000,000) to 10x (or 1 in 10,000,000,000). So the careful safeguarding of the patient and public from "dangerous prescriptions" has not the same meaning in Homœopathy, as with the allopathic prescription.

With Homœopathy it is always, how infinitesimal an amount will stimulate the natural vital reactive forces, whilst the allopath considers the maximum amount he dares use (always, we say, losing sight of the (often) dangerous secondary effect of any drug), whilst Sir

James Crichton Browne admits that "when drugs are mixed together, their action is invariably changed, from what is known of their action when considered singly."

(3) Not considering the emergency of, or the faithful fulfilling of the substance ordered, there is the ever common danger of contamination of our minute and delicate preparations when compounded and handled in the same room as the strong smelling volatile drugs of allopathy—so, all things considered, it is wise and generous of the nations who are strong, homœopathically considered, to reach out through this International Homœopathic Council, whose activities are to work in the interim between annual meetings of local Societies, and carry the moral weight to just those places where oppression is strongest and the call is the most urgent, and this is done in a manner quite impossible to the National, State, and Local Societies, however strong in their own countries, but who cannot act beyond.

The strong shall help the weak! and the whole united, shall be the strength of the unit!

In a letter dated September 7th, 1913, from Sweden, I have a report of one of our colleagues who was fined "*last autumn*" 400 crowns for "selling some medicine" he had given in an emergency prescription! and *just six weeks ago* a Higher Court quashed the ruling against our colleague and the fine was remitted, as it was clearly proved that our colleagues "charge for consultation" and *give* the medicines. The first Court fined our colleague for "selling medicines without a MERCHANT'S licence"!!!

You, who work safely and snugly under the shadow of a big hospital, think beyond the confines of your own "little world," and consider the anxiety and annoyance of our colleagues who are fighting manfully for the cause which is financially doing so well with you! Think internationally and enlarge your perspective. It is good to be able to record that about fifty English colleagues have given to the funds of this International work. It shows that the Council has generous backers, and those of us who are labouring hard for this Council, value this moral support most thankfully.

As was said in the first lines, the ground of this Ghent Congress had been twice written over in your journal by able men, hence this account had to be discursive, but I have tried to bring out some of the lessons derived from, and the spirit of the Ghent Conference, and not forgetting that Ghent has always had its place in the world's history, may *we* sometime, or *those* who will surely follow us, look back and see the fruits of the seed sown at Ghent, August 8th, 9th, 10th, 1913.

Fraternally,

E. PETRIE HOYLE,

Hon. Secretary and Treasurer,

International Homœopathic Council.

84, Holland Park, London, W.

Sept. 11th, 1913.

P.S.—Please print the following statistics just sent me for Council's use. They are far too important and serious to "hide under a bushel."

[*To every Homœopathic Physician.*]

DEAR COLLEAGUE,—You are requested to print, publish and distribute the following statistics to the greatest possible extent. Our advance depends on securing and "pushing" such magnificent records—which are superior to anything Allopathy has or can do. Always couple the name of the colleague who has so kindly sent the Council any such records, it may encourage others in the good work, at the same time I beg of you to do your part and send us any statistics you may find in your own town, or that you can get out of any journal, to the end that we may further collect, for distribution, such evidences of the power of our medical art.

Statistics from the John C. Haynes Memorial (Contagious Disease) Hospital being a branch of the Massachusetts Homœopathic Hospital, Boston, Mass.

#### SUMMARY.

Sent by the courtesy of Dr. J. Preston Sutherland, Dean of the Boston University School of Medicine.

October, 1908 to January, 1913 (Four years and three months.)

	Cases.	Mortality Died. per cent.	
Scarlet Fever, Uncomplicated .. ..	942	21	2.23
Scarlet Fever, Total including all Complications .. ..	1091	48	4.4
Diphtheria, Uncomplicated .. ..	410	24	5.85
Diphtheria, Total including ALL Complications .. ..	433	32	7.39
Measles, Uncomplicated .. ..	57	1	1.75
Measles, Total including ALL Complications .. ..	64	5	7.8
GRAND TOTAL, including eight admitted as "Suspects," (Erysipelas, Meningitis, etc.) .. ..	1616	88	5.44

## THE LIVERPOOL CONGRESS.

By DR. GEORGE BURFORD.

THE Liverpool Congress has done great service for Homœopathy. Our Annual Congress affords special scope for the enunciation of new ideas in Homœopathy, and indicates fresh currents of thought and tendencies of procedure among Homœopaths as a corporate body. And the current of thought freely flowing in the various assemblies of the day was that of Homœopathy in its relations to the State. The series of magnificent buildings, supported by large state subventions, and shown by Dr. Hoyle at the President's Reception, indicated the increasing attention paid in America to Homœopathy as a servant of the State. Next morning followed the President's address, showing how deplorably belittled, how entirely partial and halting, was the present day hospital scheme, dealing with ill health as a separate entity from the causes which renewedly operate when temporary residence in hospital comes to an end.

In the afternoon the corporate existence of Homœopathy received official recognition at the hands of the Vice-Chancellor of the University, who had given his assent to the holding of at least a part of the Congress meetings in the University buildings. Not only this,

but the equipment of various parts of the Medical School was freely placed at the service of the Congress for utilization. Most noteworthy was the admirable demonstration given by the Professor of Tropical Disease of the various stages of sleeping sickness, of the habits and haunts of the tsetse fly, of the mosquito, carriers of yellow fever and malaria, and many other morbidities, enriched by a wealth of photographs and specimens, and a lucidity of description that left nothing to wish. Simultaneously another and clinical demonstration of patients actually suffering from tropical disease was given at the Royal Southern Hospital, and on the following morning this courtesy was repeated with regard to new methods in orthopædics.

In the evening, further official acknowledgment of the meeting of Congress appeared in the presence at dinner of the Right Hon. the Lord Mayor of Liverpool, and the Lady Mayoress, and other dignitaries. The British Homœopathic Congress, being peripatetic, is peculiarly adapted to evoke these varied expressions of national interest, and so link up Homœopathy, to the public eye, with other activities that make for the welfare of the State.

But the essential duties of a Congress are less to star in public than to deliberate in private assembly. And the deliberations touched matters of vital moment. The same breadth of view and sense of proportion governed the technical discussions of the Congress as determined its inclusion in public affairs. Homœopathy—so ran the debate in the morning—is not the beginning and the end of all possible medical science. It is a part of a greater whole, and it is to accept the position of overlord of all branches of medical knowledge. Turn the laboratory into its service—make physiological chemistry its toiling vassal—let every fact in pathology that is germane to the knowledge of disease contribute to the knowledge of its treatment—this was the unanimous affirmation of the speakers in argument. Thus Homœopathy was within and not without the advancing stream of medical knowledge, and not a mere eddy current without progress.

Thus the trend of the whole Congress proceedings was to enlarge the outlook of Homœopathy on the knowledge of the time, and make this of practical account, and the affirmation of this position is, as has been said, of great service.

The Congress assembled in the Midland Adelphi Hotel in Liverpool, on the morning of Friday, September 19th. The previous evening a brilliant reception had been given by the President, Dr. William Cash Reed, and Mrs. Cash Reed, to the Congress members and the friends of Homœopathy. Many notable faces were there, including C. R. von Stralendorff, Esq., and Mrs. Von Stralendorff, who have practically created the Hospital at Southport; Mr. Carlton Still and Mrs. Still, Mr. Shorrock Eccles and Mrs. Eccles, who are head and front of the affairs of the Liverpool Homœopathic Hospital; the best known among British Homœopathic physicians and surgeons, and further, some of the leading members of the medical profession in Liverpool, who adopted this happy plan of indicating their appreciation of their homœopathic colleagues. But the chief event of the evening was the contribution of Dr. Petrie Hoyle, in the form of a lantern demonstration of the more important Homœopathic Institutions of the world. This included a Hospital of seventy beds in China.

The ensuing morning the President gave his inaugural address on "The Hospital of the Future." A large audience, including both members of Congress and ladies and gentlemen interested in Homœopathy, assembled to hear a fine discourse. On its conclusion a cordial vote of thanks to the President was proposed by Dr. T. Wesley Burwood, seconded by Dr. Byres Moir, and carried with acclamation.

The proceedings of Congress proper then commenced with a paper by Dr. MacNish, Physician to the London Homœopathic Hospital, on "The Importance of the Collaboration of the Physician and Clinical Pathologist in the Homœopathic Practice of Medicine." The paper was well received, and discussed by Dr. James Johnstone and Dr. Capper of Leicester, followed by Dr. Cronin Lowe, Dr. Byres Moir, Dr. Gregson of

Blackburn, Dr. Procter, Dr. Granville Hey, Dr. Petrie Hoyle, Dr. Edwin Neatby, and others. A vigorous discussion, and throughout on the side of utilizing all aids to a scientific Homœopathy.

The Congress adjourned to luncheon, and were entertained as guests by the homœopathic physicians of Liverpool and Lancashire. A vote of thanks for the fraternal hospitality was proposed by Dr. Roche, of Norwich, seconded by Dr. Wynne Thomas, of Bromley, and carried with acclamation.

Next, the vote of the Assembly was taken for the new President, and the lot fell on Dr. James Johnstone, of Richmond; to the Vice-Presidency was elected Dr. Wynne Thomas; and the place of meeting in 1914 was determined to be London. The Council was next appointed, Dr. B. W. Nankivell, of Bournemouth, and Dr. Capper, of Leicester, being chosen as country members.

The Congress then adjourned to the University buildings, where an erudite paper was read in the Gynæcological Theatre, by Dr. Edwin Neatby, of London, illustrated by diagrams, in part belonging to the Department, in part to the author. The auditory then divided into two sections, the first part proceeding to the Museum of Tropical Medicine, where a most interesting demonstration was given by the Professor. The second part repaired to the Pathological School, where various interesting demonstrations were given, and thereafter to the Royal Southern Hospital, to see patients suffering from the forms of Tropical Disease. Finally a re-union of both sections was effected at five o'clock tea at the Homœopathic Hospital, following which many interesting cases under treatment in the Hospital were shown by Dr. Hawkes and his colleagues, and a demonstration of Ionic medication by Dr. Charles Hayward.

Evening found the Congress re-assembled at dinner with the best known of the local friends of Homœopathy. The President, with Mrs. Cash Reed, were supported by the Right. Hon the Lord Mayor of Liverpool and Lady Harmood Banner; the Ven. the Archdeacon of Liverpool and Mrs. Madden; J. Carlton

Still, Esq., and Mrs. Carlton Still; A. Shorrocks Eccles, Esq., and Mrs. Shorrocks Eccles; H. Crosfield, Esq., and Mrs. Crosfield; the Rev. C. Heigham and Mrs. Heigham; and a further large and brilliant company of guests and members, numbering nearly a hundred. After dinner, the usual loyal toasts were proposed by the President, followed by that to the memory of Hahnemann, which was drunk in silence. Then came Mr. Carlton Still with a really fine speech, proposing success to Homœopathy, supported by Dr. R. E. Hawkes in his best form as an after dinner speaker. Next, a terse and invigorating address by Mr. Knox Shaw, proposing success to Homœopathic Institutions, supported by the Rev. Charles Heigham, from his large public experience.

Next came Dr. Procter, proposing in his inimitable way, "The Guests and Visitors," responded to in an appreciative speech by the Lord Mayor, and a racy one by the Ven. the Archdeacon. Finally, the toast of the President was given, with sincerity and truth, by an old friend of twenty-one years' standing—the writer of this report.

The following morning saw a number of Congress members attending a special demonstration given at the Royal Southern Hospital on "Interesting Cases and Methods in Pædiatrics." Others left for Southport, to visit the attractive and enterprising new Homœopathic Hospital at Southport.

In fine, the Congress at Liverpool proved worthy of the high traditions homœopaths have learned to associate with that city. Its deliberations and doings are likely to be of historical importance in our development. It indicated with emphasis and precision the line of advance for Homœopathy as a corporate body. Homœopathy should and must take a declared position among the State services of the day. Homœopathy should and must recognise that it is part—major part possibly, but still part—of that greater whole, the composite science of medicine. Homœopathy should and must draw to itself for its own behoof every fact, every law, every process disclosed as in the order of nature by investigators in any and all of the various



medical sciences. On these lines Homœopathy has a definite outlook and a larger hope. And that is just what some of us are always thinking and never tired of saying.

### SOME PACIFIC COAST MEDICINES.\*

By WILLIAM BOERICKE, M.D., San Francisco.

THE Pacific Coast has enriched our *Materia Medica* by quite a number of drugs possessing remarkable medicinal virtue, but none have had the benefit of thorough proving on the healthy, though even the fragmentary provings that some had have led to clinical applications altogether promising.

Our younger generation knows but little of Hempel, and he is not enrolled among that splendid galaxy of *Materia Medica* teachers—Hering, Allen, Dunham, Guernsey, and others. Yet to this group, by virtue—if not of original research still of remarkable philosophic conception of the laws governing medicinal action as such and its relation to morbid conditions—he is entitled to a high place. He it was who saw in plant, mineral or animal product ultimate material embodiment of spiritual forces, “the powerful grace that lies in plants, herbs, stones and their true qualities,” as some Paracelsian of the middle ages expressed it.

Again, it was the brilliant Teste, the Frenchman, who first made the observation that local habitat of medicines presupposed adaptability to indigenous types of disease, that is, “ubi morbus, ibi remedia.” It is such philosophical conceptions that may appear baseless, perhaps to saner and more practical minds, yet often express in part at least some underlying law. The local flora of a country may indeed be found to supply remedies for conditions characteristic of that region. Take our California Poison Oak, which produces so universally an obstinate, very annoying and disfiguring dermatitis. Next door to it grows the *Grindelia* which offers a soothing antidote applied locally, and is equally helpful when taken inwardly. As the science of

\* Reprinted from the *A.J.I.H.*

drug symptomatology will be developed by us, such generalizations will undoubtedly be utilized for further observation. The fact is, all medicinal substances, as Hempel, has taught are material embodiments of organized forces, inter-related into species and families, hence the relationship of drugs. The homœopath, by his vital test—the experiment on the healthy—discovers the character of these forces so far as they are related to human life, and makes this the basis of his practical and scientific arrangement of the *Materia Medica*.

*Quillaya Saponaria*, the Chile Soap Bark, a tree of the natural order of Rosaceæ. We make a tincture of the inner bark. From this bark the glucoside Saponin is extracted. It also contains *Calc. Sulph.* which may account for some similar symptoms in the two remedies.

Saponin is found in *Senega* and *Saponaria off.* and other plants, showing marked similarity in chest symptoms. Saponin had quite a remarkable proving by a German old school physician, a Dr. Kepler. His fine powers of observation and keen analysis of symptoms even so far as observation of modalities, make his record of the poisoning classical and as utilizable as one of our own provings. It was published in the *Berliner Klinische Wochenschrift* in 1878, and of course buried and forgotten because valueless to the old school, until chance brought it to light through a homœopathic physician. He republished it in the *Berliner Homœop. Zeitschrift*, 1900. This glucoside Saponin is especially poisonous when obtained from the *Quillaya Saponaria*. It produces a clear-cut array of symptoms that ought to lead to clinical application in some very obstinate forms of disease. Let me call attention to some of the manifestations of its action.

From the first great depression and somnolence is marked. Patient is tired and sleepy. Great indifference. Loss of all courage to live. Difficult superficial breathing and a peculiar *subjective* consciousness of the heart's action, which action in itself is hardly perceptible—so weak. The drug shows a remarkable affinity for the *left* side of the body. The pain it causes is most

severe and is centred in the left side of the forehead, left temple, and especially a boring pain in the left eye. Everything painful seems to centre here; the pain is terrible until the prover is rendered unconscious and a deep sleep ensues, only to find the pain just as unbearable on awaking. Strabismus, contracted pupil, photophobia, are other conditions accompanying it. This pain recurs in short paroxysms, coming and going suddenly; there are hot stitches deep in the eye; eye feels as it covered by a grey veil. Later pressure in left ear, numbness of left cheek, with red face. Here we have a good picture of certain forms of Migraine, the lowered temperature, the swollen temporal artery of left side, the violent boring pain in left eyeball indicating the remedy and establishing the diagnosis. Again: Fifth nerve affections, especially the supra-orbital branch and the supra-maxillary ought to find in Saponin a remedy. Also from the symptoms we have a right to infer useful therapeutic response in meningeal cases as well.

Similar in some of these brain symptoms is *Oreodaphne*, the California Laurel. *It* produces intense aching, with pressure at inner angle of either orbit, but also more generally the left. This extends through the brain and across the scalp to base of occiput. Constant dull ache in cervical and occipital region, extending to scapulæ.

Coming back to *Quillaya* itself, the only frequently verified use of it is in acute coryza. Taken in the beginning, it is often equal to curtailing the attack. It produces marked heat and dryness of throat and colds with sore throat, cough with difficult expectoration and impeded respiration find in *Quillaya* an effective remedy. Pellets saturated with the tincture, hourly doses, do the work and prevent further extension of the acute symptoms.

*Wyethia helenioides*, Nat. o. Compositæ, was first introduced by Dr. Selfridge, one of the foremost champions of our school on the Pacific Coast, whose virile type of Homœopathy did much to strengthen our school. A very excellent proving was made by Dr. Eleanor Martin under his direction, and the symptoms

observed by her have been verified in practice *Wyethia* deserves a wide use in influenza, throat affections and ague. Thus each prover reported throat symptoms, which were dry, red, sore, tonsils swollen, mouth dry and feels scalded. Epiglottis dry, swollen; constant desire to swallow, which is difficult. Constant desire to clear the throat by hemming. Burning sensation in bronchial tubes; dry, hacking cough, with sharp pain in chest. Pricking, dry sensation in posterior nares; granular appearance of pharynx. It has been found useful in chronic pharyngitis, tendency to atrophy of mucous membrane. Granular sore throat, with enlarged follicles.

The acute local symptoms may be accompanied by distinct rise in temperature, in one prover up to 103°. Chill, fever and sweat all at the same time, with pains all over body; irritable state of mind, with aversion to company and work, was characteristic. The symptoms were repeated after each separate proving, showing that it was the effect of the medicine without doubt.

Thursday, June 8th. The medicine was taken three times a day. Symptoms showed after five days, when the prover awoke with sore throat, right tonsil greatly swollen, glands on right side sore and swollen. Neuralgic pains, fever, sweat, pain in back and limbs; skin sore to the touch; prover felt very ill and had to go to bed. Temperature 102°. The attack lasted until June 20th, or about five days, when the medicine was stopped. A new line of symptoms now developed. Great mental and physical depression; menses appeared with pain that became intense and burning, constant but increasing in paroxysms with sensation "as if uterus expanded in order to keep all the pain within its walls." Could distinctly outline the contour of the uterus. Prover never had such a pain before. With the cessation of the menses no further symptoms were observed. According to the view and experience of our best provers, the symptoms appearing *late* in a proving and after the medicine had been stopped ought to be specially valuable and characteristic.

July 4th. The medicine was commenced again.

Symptoms showed themselves after two weeks, and again the former symptoms of chill, fever and aching all over. Temperature  $101^{\circ}$ . Menses came on with great weakness, much aching and sweating. This association of ague symptoms with the appearance of the menses was a wholly new thing—never having been experienced by the prover before or since taking this medicine. The medicine was stopped, and after five days without medicine the following *late* and probably characteristic symptoms developed: Chilly and aching. Chill lasting two hours, followed by fever, temperature  $103^{\circ}$ . Sweat with fever. Terrific headache, congestive in character, eyes extremely sensitive, facial bones sensitive, worse least motion of the head, producing agonizing pain. A nervous, weak, sleepless state finished the proving. We have here a remedy akin to *Eupat. perfol.*, and likely of great value in ague and influenza. I have used it in follicular pharyngitis and in the irritable throats of singers and speakers. Its remarkable uterine and rectal symptoms ought to be utilized, but so far lack clinical confirmation.

*Canchalagua*.—the *Erythræa chironioides*—Nat. o. Gentianaceæ is similar here. It has the general sore bruised feeling like *Wyethia*, and all the pains concomitant with an attack of intermittent fever, for which it has achieved quite a reputation. But its virtues are entirely lost in the dry plant. Our tincture, therefore, must be made from the fresh flowering plant. One interesting feature about this remedy is of use to practitioners especially around San Francisco Bay region. Our cold trade winds of the Pacific Coast cause a good deal of discomfort to many. Now it was noticed by the prover, Dr. Richter, one of our California homœopathic pioneers, that after the proving, the cold wind could be borne better than before, hence its curative sphere in this local complaint seems legitimately established.

*Grindelia*—the gum plant or wild sun flower—belongs to the large order of compositæ. There are quite a number of species, but practically no difference in their medicinal properties. The *Grindelia robusta* and

*squarrosa* have been employed. It seems to centre its action on the respiratory mucous membrane and stimulates the vaso motor centres, raising the blood pressure as is seen in the fulness in the head that is produced, followed by pain in the eyeballs. It affects the optic nerve first, and later the pneumo-gastric. *Grindelia* is singularly like Saponin in the left sided symptoms, and especially of the eye. It produces a ciliary neuralgia, soreness of eyeballs, worse on motion. This pain is preceded by fulness of the head, and is reflected backwards into the brain. The spleen is enlarged and tender. Pain extending to hip and nipple. Indicated in the splenic hypertrophy resulting from malaria.

The chief clinical use of *Grindelia* is in the secondary stages of bronchitis, when the cough is loose, rattling, yet tight, so the patient cannot raise anything. After grippe, in old people, with bronchial asthma. Here it comes in touch and harmonious complementary action with our *Yerba santa eriodyction*, whose respiratory symptoms have often been verified. A large remedy for asthmatic and bronchial affections, often of service in the coughs after influenza, when there is wheezing and much mucous secretion.

These remedies have all been employed in rather low potencies, tincture and first attenuation; excepting *Wyethia*, which has produced some of its most characteristic symptoms from the 30th potency.

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*Caulophyllum*.—This remedy suits tall, slender females (*Phosphorus*) who are of a dark complexion and are inclined to rheumatism (*Actea*). Its peculiar affinity for the uterus is well known. No less remarkable is its relation to rheumatic affections of the wrist and finger joints, especially of the right hand (*Viola odorata*). The swelling of the finger joints is pale; pains worse every other evening and on attempting to close the hands. As in *Kali bichromicum*, rheumatism and gastric symptoms alternate, so here rheumatism may alternate with asthmatic attacks, where *Kali carbonicum* and *Phosphoricum* may also be required.—*Medical Century*.

## BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED).

RECEIPTS FROM AUGUST 16TH TO SEPTEMBER 15TH,  
1913.

### GENERAL FUND.

SUBSCRIPTIONS.				£	s.	d.
Sir Sidney Colvin	..	..	..	1	1	0
Mrs. Easty	..	..	..	10	6	
Rev. William Bramley-Moore	..	..	..	1	1	0
DONATIONS.						
Dr. Leon Brasol	..	..	..	10	0	0

The usual Monthly Meeting of the Executive was held at Chalmers House on August 19th.

The Beit Research Fund Committee held a meeting at Chalmers House on August 19th.

*Rhododendron and Rhus.*—Both remedies have rheumatic pains, especially in all the aponeuroses; worse when at rest; worse at night.

*Rhododendron* pains do not admit of the limbs being at rest; desire to move, and moving relieves.

In *Rhus* rest occasions uneasiness in the painful parts, but on moving, the pain is worse. Continued motion only relieves.

*Rhododendron* has general aggravation of pains before a change in the weather—particularly before a thunderstorm—even in dysentery indicated by this.

*Rhus* has aggravation from the warmth of the bed, and as a general characteristic in consequence of stretching, over lifting, over exertion of joints, etc., or from getting wet while perspiring.

*Rhododendron* has aggravation of pains in the night, but more toward morning; *Rhus*, more toward evening and night.

*Rhus* corresponds to rheumatism in the cold season; *Rhododendron* in the hot season. *Rhododendron* worse before and *Rhus* worse after rain.

*Stramonium.*—Vertigo, when walking in the *dark*, day or night. When walking in the dark at night, he staggers and falls down every time he attempts to walk. The same occurrence transpires when he attempts to walk in a darkened room in the daytime.

Young men are cured as well as young women, when they pray, sing, or talk in a very devout, earnest and constant manner, so as to excite the sympathy of all in the house.

In typhus, typhoid, or other fevers, when the patient frequently raises or jerks the head from the pillow. An old keynote and sure; one of the most characteristic.

All sorts of strange and absurd ideas, such as the patient is double or is lying crosswise.—*Medical Century.*

## EXTRACT.

### COLLOID SELENIUM IN THE TREATMENT OF CANCER.\*

By M. LAURENT, M.D., Physician to the Havre Hospital,  
and J. BOHEC, M.D., House Physician.

WE have under our care a patient suffering from a new growth in the stomach, causing much pain and general disturbance, in which the employment of selenium in the colloid form, in accordance with the procedure devised by M. André Lancien, afforded so much relief, and determined such a marked improvement that the effects appear to us to be deserving of publication. We cannot do better than to give brief notes on the case.

The patient, a man, æt. 41, by profession a blacksmith, stated that he had always enjoyed good health until the onset of his present illness. His mother had died when 57 years of age, of cancer in the stomach, one year after undergoing gastro-entero-anastomosis. He denied having had syphilis, and was not addicted to alcohol, and he had been strong and robust until October, 1911.

His troubles began, without obvious cause, with acute, severe stabbing pain in the epigastrium, which was also felt in the back. This pain radiated towards the hypochondria, and round the waist, and come on half or three-quarters of an hour after eating. It was accompanied by vomiting of food and other dyspeptic disturbances, anorexia, repulsion for fats and meat. The pain persisted between meals in a rather different form, being heavy, continuous, with a feeling of weight. It came on in paroxysms with exacerbations, followed by the vomiting of watery, glairy, bilious matter, the attacks of sickness lasting from ten minutes to half-an-hour. These gastric attacks, which were often very severe, were specially pronounced at night, coming on five or six times during the hours of darkness, effectually preventing sleep. He managed, however, to go on with his work until November, 1911, when he was obliged

\* From *The Medical Press*.



to take to his bed on strict milk diet. The rest and diet afforded him a certain measure of relief, whereupon he returned to work, though in a more or less perfunctory manner, the attacks of gastric pain forcing him to lay up from time to time. After a time these attacks became aggravated, lasting from half an hour to two hours, or even all day, and especially all night.

On March 30th, 1912, he was admitted to the wards of the General Hospital. Under the influence of rest, diet, and treatment (bismuth, an effervescing mixture, stovaine, Indian hemp, chloroform water, etc.), the intolerance of food subsided somewhat. The patient had never had hæmatemesis or melæna, and the bowels were fairly regular, the stools being blackened by the bismuth he was taking. On examination no actual tumour could be detected, but there was well-marked tenderness over the epigastrium, with some enlargement of the liver. There was nothing to suggest incipient locomotor ataxy and no enlarged glands.

As the gastric crises tended to become progressively more violent, and as their intermittent, paroxysmal character and nocturnal incidence were suggestive of a specific origin, he was given fifteen intramuscular injections of *bin-iodide of mercury*. He left the hospital at his own request on May 4th, 1912, slightly better, the improvement no doubt being due more to rest and diet than to treatment. He tried to work, but had to cry off two or three days a week, and was constrained to apply for readmission on June 24th, 1912.

His state was manifestly worse than when first seen. There was obvious loss of strength, and well-marked emaciation, and the intolerable pain from which he suffered was only partially and temporarily relieved by hypodermic injections of morphine. We witnessed some of the attacks, during which the patient writhed on the bed, turning over and over in search of ease. He was put on the same treatment as before—*viz.*, 2 or 3 drachms of *carbonate of bismuth* a day, with mixture to relieve the sickness, a further series of *bin-iodide of mercury* injections followed by fifteen injections of *hectine*, but without any tangible benefit.

Clinical examination of the patient and exploration

by means of the X-rays revealed the presence of a tumour in the wall of the stomach. After consultation, it was decided to try *colloid selenium* (*seleniol*), and a first, intravenous, injection thereof was given on August 15th, 1912. One hour after the patient complained of very severe pain in the pit of the stomach, which was relieved by a morphine injection. In the course of the evening he remarked on the altered character of the pain, which was distinctly less severe. A second injection was given on August 17th, and a third two days later. The usual features of the gastric crisis disappeared during the week, the appetite began to return, and the sickness subsided.

In the course of the following week he was given three other injections of *colloid selenium* at intervals of two days, and the improvement was not only maintained, but became more marked. The patient recovered his spirits, confidence returned, and he enjoyed good sleep. He still suffered from his stomach now and then, and occasionally brought up his food, but the pain was vague and ill-defined, and the syndrome was no longer that of typical gastralgia. After a week's rest he had four more injections—this time intra-muscular, in the gluteal region, bringing us down to September 15th.

It will be noted that the *selenium* treatment, commenced on August 15th, and comprising ten injections, had a most pronounced effect in relieving the gastric crisis associated with the existence of a neoplastic tumour of the stomach.

The *selenium* employed was the electrically prepared *Selenium A colloid* (André Lancien's process), of which 3 c.c. were injected each time. On some future occasion we shall make it our duty to record the ultimate result of the treatment in this case, which presents the greatest therapeutical interest.

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*Crinex* 30.—Shooting pain from vagina up towards the left ovary.

*Bromium* 6.—Hernicrania, left side. Pain over left eye and deep in crown of head.

*Anagallis*.—Itching eruption on fingers. Much pain in fingers and thumb. Gouty swellings on finger-joints.

## OBITUARY.

## MISS LEAF.

THE death of Miss Leaf at Worthing, at a ripe old age, removes a figure so associated with the past of Homœopathy as to demand whatever small commemoration can be given to it here. The daughter of William Leaf would have had claims on the respect and memory of homœopathists had she and her sister not themselves remained earnest and devoted workers for our cause, women for whom no effort and no sacrifice was too great if it was made for Homœopathy. In these easier days of toleration, we are apt to forget the efforts of the men of the past which alone made our task lighter, made it, indeed, possible at all, and we think the best tribute we can pay to the daughter, and the one she would have desired the most, is to reprint enough of the obituary of her father from the *Monthly Homœopathic Review* of September, 1874, as will remind our own generation of his life and his work. In that way we can remember father and daughter together in their deaths even as they were together in the enthusiasm of their lives.

## WILLIAM LEAF, Esq.

In our issue of last month we referred briefly to the death of Mr. William Leaf, one of the oldest and most earnest adherents of homœopathy. Mr. Leaf was such a conspicuous champion of homœopathy on its first introduction into England, that he deserves something more than a passing notice in this journal. Very few professional men, and certainly no laymen, have done more for the spread of our art than Mr. Leaf. He did not confine his efforts to spending money in this cause, though in this respect he deserves especial honour as the most munificent patron of homœopathy that has yet appeared. During his career he cannot have given in various ways less than £20,000 towards the advancement of this system. But he gave also time, thought, work, influence; and he incurred much obloquy and reproach in his advocacy. We cannot pretend to present a full account of all Mr. Leaf did—we believe that a more complete memorial of him is in preparation, and will be published shortly. The most important facts we shall, however, endeavour to record.

Mr. Leaf's introduction to homœopathy occurred about the year 1833. He was then very ill—not with any acute disease, but from a chronic disorder, which no treatment he had pursued

had at all relieved. At this time he had business relations with M. Arlès-Defour, then a large silk merchant in Lyons. M. Arlès-Dufour was an earnest and enlightened homœopath, and he induced Mr. Leaf to take some medicines which he himself prescribed for him. The effect of these was so remarkable that Mr. Leaf was encouraged to continue the treatment. He went over to Paris, where Hahnemann was practising, and placed himself under his care. Ultimately he was cured, and retained the health which he then gained up to a very advanced age. It is plain that Mr. Leaf owed many years of life to homœopathic treatment. When he became a patient of Hahnemann's he had a damaged constitution, one which would not have been presentable at any Insurance office, and his life did not appear likely to be prolonged more than a few years. He was then 44 years of age, and he lived to the ripe old age of 84, retaining his bodily and mental facilities unimpaired up to within a short time of his death. If homœopathy had done nothing 'more than giving to the world thirty years of Mr. Leaf's life, it certainly deserves the gratitude of society. Mr. Leaf was so impressed with the striking results of homœopathic treatment in his own case, that he at once placed his family under the same treatment. He became an intimate personal friend of Hahnemann; went over to Paris every year to see him, and induced him to sit for his portrait, which is retained as an heirloom in the family. Several of Hahnemann's letters to him also are carefully preserved, with a lock of the venerable master's hair. The letters are in French, with one exception, which is in English. They refer almost exclusively to medical treatment, and have no special interest for the public. They give, however, an incidental illustration of the vigour of Hahnemann's mind, who was able to write with such accuracy and ease in two foreign languages. In the English letter there is scarcely a phrase which betrays the foreigner.

When Mr. Leaf became convinced of the truth of the new system of medical treatment, he was not the man to allow such a conviction to remain as a barren and neglected mental possession. He at once exerted himself to introduce it to his personal friends, to all members of the medical profession that he had access to, and to the public at large by bringing Dr. Curie over to England to practise it both privately and in dispensaries and institutions which he either founded or liberally supported. He was persuaded by his friend M. Arlès-Dufour to bring over Dr. Curie in the year 1835. Dr. Curie resided in his house for about a year till he could speak English well enough to practise. Mr. Leaf then guaranteed him a handsome income till he was able to make his practice remunerative. Owing to Mr. Leaf's help Dr. Curie was soon engaged not only in extensive private practice, but also in conducting several dispensaries for its more general introduction to the public. His first effort of this kind was at his own house in Finsbury Circus. This continued about two years. Then he separated his dispensary work from his private practice by taking rooms for the dispensary in

St. Martin's-le-Grand, and in Ely Place, Holborn. When Dr. Curie removed to the West End he continued to attend at Ely Place till the Hahnemann Hospital was founded in Bloomsbury Square. This was done chiefly at Mr. Leaf's expense, and he was at the same time contributing liberally towards the Homœopathic Institution in Hanover Square. During the whole of the rest of his life he was a liberal supporter of homœopathic dispensaries both in his own neighbourhood, Brixton and Streatham, and in distant localities.

In this work Mrs. Leaf co-operated with him most energetically. They established a dispensary indeed at their own house at Streatham, where Dr. Curie attended every Sunday, and where poor people, and even cattle and horses belonging to their neighbours were treated. Mrs. Leaf would dispense the medicines as Dr. Curie prescribed them, and in this good work the Sunday afternoons were very actively employed. Mrs. Leaf also regularly every week visited the Hanover Square Institution, and encouraged her friends also to inspect the results of the treatment pursued there.

But Mr. Leaf did more than contribute liberally towards the support of these different institutions. He studied homœopathy in the French works which were at that time the only expositions of it accessible to him. He became very skilled in the practice of homœopathy; that he should have become so is the more remarkable when we consider that this was only a subordinate pursuit, and that he was actively engaged in conducting a large business at the same time. Doubtless Dr. Curie assisted him in any difficult case that he undertook the charge of, but his own study rendered him to a great extent independent of such help. He had a number of patients at Eastbourne, who came to his house there for assistance. No trouble was too great for him; no effort was spared in order to spread the knowledge of what homœopathy was and could do. On more than one occasion he took a journey (not a railway journey then) to Worthing, and other distant places, merely to help poor invalids whom he was trying to benefit.

As Mr. Leaf became better acquainted with the resources of homœopathy, he was unceasingly anxious to induce medical men to study and practise it. Doubtless he first looked at their relation to homœopathy from a business point of view. As a man well versed in commercial transactions he knew that rapid, brilliant and lasting cures would add to the reputation and increase the practice of any medical man who could effect them. He was therefore very earnest in bringing it under the notice of his medical friends, being well assured that it would prove a commercial success to any medical man who could master it and practise it with skill. He naturally thought he had only to point out this medical El Dorado to his professional friends to induce them at once to appreciate its advantages. He was not prepared for the opposition which he encountered. He thought only of the truth and value of the new system, its power to alleviate suffering and prolong life, and make life itself more

fruitful in all good results. And he naturally thought that his medical friends would also keep these aims paramount over all lower considerations. But to his cost he found that the love of truth and the desire to cure disease and relieve pain and weakness were not always the supreme influences in the medical profession. His earnest advice was repelled with anger and contempt. Many of his friends despised him as a fanatic or a madman, and for many years he was exposed to an amount of reproach and social obloquy that would have daunted a less resolute nature. Doubtless this was a kind of experience well fitted to bring out and ripen all the best qualities of his nature. A man of wealth has every inducement to shirk the battle of life and enjoy the ease which affluence places within his reach. Mr. Leaf was delivered from this snare by his championship of homœopathy, at a time when such advocacy brought with it contempt and reproach even more than it does now.

Mr. Leaf's enthusiasm for homœopathy led him to write a pamphlet in exposition of it. It was published anonymously by Leath, and went through several editions. The copy before us, dated 1842, is one of the "fourth thousand." This little work of 47 pages is written with considerable vigour and skill. The topics are arranged in an orderly and logical way, and the arguments in favour of homœopathy presented with much force of expression and illustration. As a specimen we extract Mr. Leaf's answer to the objection that the cures of homœopathy are attributable to the faith and imagination of the patient. To this he replies :—

"The objection here made presupposes that a patient *has* faith in homœopathy, and is thereby cured; the inference therefore is, that if equal faith had been placed in allopathy, that system would equally have cured him. But has not the same amount of faith been accorded to the old school and its adherents? and if so, has it in all, or in the majority of instances, effected cure? Now, as faith in any system of medicine can only be the result of its works, it is evident that homœopathy must have been successful, or it could never have established the faith. But this objection is indeed exceedingly futile: for it is clear that if the success of homœopathy depended upon the faith of the public, it never could have advanced a single step, since by far the greater number of persons who resort to its aid, do so not only without faith in its powers, but absolutely with a prejudice against it, and really have recourse to it as a forlorn hope, after the old school has signally failed to give them the relief they require. Such, in fact, was my own case, when I first reluctantly consented to make a trial of its remedies. I did so, as I have already stated, at the earnest entreaty of a friend, and without the slightest expectation or belief that means apparently so trifling and inadequate could effect any sensible change, either good or bad, upon my constitution. The most beneficial effects, however, were produced, and upon these effects my faith has been built, which faith has been confirmed and increased by every day's experience."

And then he proceeds to notice the efficacy of homœopathy in the diseases of the lower animals and children, where faith is necessarily absent.

Mr. Leaf was born March 21st, 1791, and died July 3rd, 1874, in the 84th year of his age. He had eleven children, two of whom died in infancy, four died after they were grown up, five survive him. At the time of his death he had forty-two grand-children, having lost three, and eight great-grandchildren. He was a warm-hearted, benevolent man—not wearing, however all his good qualities on the surface, for it was necessary to know him well to find out all the tenderness and sympathy that were often disguised by a somewhat blunt and reserved manner. Indeed, we have sometimes found that his feelings were often in the inverse proportion to his expression of them, so that you only discovered how deeply his sympathies were stirred by the acts of benevolence which they prompted. Often, however, he would unburden himself of the wealth of his inner feelings by writing what he would not trust himself to speak. He was a devout Christian man, and the faith which prompted his good deeds sustained him in the heavy sorrows which the loss of his children caused him, and made his last hours tranquil and triumphant.

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## VARIETIES.

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**KALA-AZAR IN ASSAM.**—In a supplement to the last annual report of the Sanitary Commissioner of the now divided province of Eastern Bengal and Assam there is published a short but interesting paper by Captain W. L. Harnett, I.M.S., civil surgeon, Kamrup, on the prevalence of kala-azar during recent years in the Rangiya circle situated in his district. The inquiry and report were made in continuation of a similar investigation respecting the disease in the Golaghat subdivision, but the present inquiry was conducted apparently on less ambitious lines, being practically limited to ascertaining which of the villages in the circle were infected, the extent of the infection, and probable date of the first appearance of the malady in each village. Captain Harnett supervised the work and prepared the report, but the actual investigation on the spot was made by temporary Sub-assistant Surgeon Purushuttam Das Navis, who began his duties early in 1912. The implicated area lies north of Rangiya in the Kamrup district, and in the neighbourhood of the main road to Bhutan. The inhabitants of the locality commonly take up temporary employment during the cold months of each year as tea-garden coolies in the gardens of the Darrang district, or in more distant parts of the province, returning to their villages in the hot weather to cultivate their own land. These people attribute the existence of kala-azar in their midst to infection contracted while working in the tea gardens and brought back by returning villagers to the Rangiya circle. During the course

of the inquiry sixty-seven villages were visited, and fourteen of them were found to be infected. The population of the affected area is not stated, and house-to-house visits for the discovery of cases do not appear to have been made. It was assumed at the beginning of the investigation that the clinical recognition of the disease presented little difficulty, and for this reason it was not thought necessary to make microscopical examinations; but Captain Harnett in his visits for supervision of the work satisfied himself that the cases diagnosed by the sub-assistant surgeon were actually instances of kala-azar infection. It was elicited that during the past eleven years eighty-two deaths had been attributed to the malady in the fourteen infected villages, and that at the present time twenty-six persons were suffering from the disease. This area may therefore be regarded as a focus of kala-azar infection. The information obtained is valuable and interesting, but in some respects it is disappointing as it throws little light upon etiological or epidemiological points. Captain Harnett himself, in his concluding remarks, frankly admits that the report is lacking in various respects, and he expresses regret that the sub-assistant surgeon who made the local inquiries failed entirely to realise the important bearing which some of the missing details would have had upon the points that he was instructed to try to elicit. In *The Lancet* of September 28th last year we drew attention to some of the important epidemiological considerations associated with Indian kala-azar and to the persistence of the malady in the province of Assam, especially in the tea-growing districts. In three of these—namely, Nowgong, Darang, and Kamrup—from 1891 to 1911 the deaths of no fewer than 152,000 persons were ascribed to this terrible, and, as yet incurable disease. The comings and goings of the tea-garden coolies afford, apparently, opportunities for the diffusion of the disease not only throughout Assam, but to other parts of India. While local inquiries furnish useful and interesting information, they do not go far enough to throw light on the still unsolved problems for which solution is urgently needed. This end will best be secured by comprehensive investigations on a large scale and covering a wide area, conducted by the trained etiologists and expert epidemiologists who are to be found in the ranks of the Indian Medical Service.—*The Lancet*.

**VOLUNTARY MEDICAL AID IN PEACE AND WAR.**—The need of voluntary aid for the sick and wounded in war, over and beyond that provided in time of peace by the army establishment, was demonstrated in ghastly fashion in the Franco-German war, and most countries have organized such voluntary aid, for without proper organisation developed at leisure only a small part of the possible efficiency would be available. It is useless to shut our eyes to the fact that if not compulsory service of some kind, at any rate a greatly augmented citizen army for home defence will be developed, and measures should be taken now to provide the ancillary aid services for it to an adequate extent. To this end the Red Cross Society and the voluntary aid detachments



have adopted the county basis, which is that of our Territorial Force; and this basis also affords the best opportunity for local support. Lady Mackinnon, acting President and Chairman of the City of London Branch of the British Red Cross Society, pointed out in an admirable address at the Imperial Services Exhibition on June 27th how important it is that the necessary financial support should be forthcoming by voluntary contributions, and not through Government grant, for this would inevitably entail increased red tape in the administration, and thus impair flexibility, which is so important an element in efficiency. She pointed out that to support a branch such as that belonging to the City of London only £400 a year—8,000 shillings or 16,000 sixpences—were required for actual working expenses. The utility of the training given by the Red Cross Society is not, of course, confined to war. It becomes increasingly evident in times of peace also. But mere training on "dummies," essential though it is as a basis, is generally insufficient in case of actual casualty. The emotions have to be considered as things that tend to upset the balance of even the most perfect theoretical training, and these emotions are not stirred by bandaging dummy wounded for imaginary accidents. To obtain control of the emotions and other disturbing influences it is well that there should be some training in giving aid, under supervision, in actual emergencies, before any serious responsibility is undertaken. Lady Mackinnon urges that for as many of the 35,000 Red Cross nurses as possible a period of probationary training in the out-patient and casualty departments of the hospitals should be obtainable for a small fee. She would have the working girl and working man join the ranks. As to the proportion, she thinks that two-thirds women, to do the nursing and detail work, and one-third men, for the actual physical labour would be suitable. Lady Mackinnon laid great stress also on proper training as to what not to do, and illustrated her remarks with incidents from her own experience, which has been considerable. We are informed that this lecture was only one out of a series of practical addresses that will be given from time to time at the exhibition. The importance of the work of the Red Cross Society and the voluntary aid detachments (both men's and women's) can hardly be overestimated, and they are entitled to the support, both financial and so far as possible by personal service, that can be given to them by the public.—*The Lancet*.

**MEDICINE IN ABYSSINIA.**—Abyssinia, owing to its geographical position, that of an isolated plateau, is a curious and interesting study for ethnologists, anthropologists, and students of many other branches of knowledge. In the fourth century A.D. there was an Abyssinian Empire the dominions of which included the Red Sea, together with Yemen and Saba in Arabia. In the same century Christianity was introduced from Egypt, and has survived until to-day, if in a much debased form. In many ways the manners and customs of the country are still mediæval, the typical instance being that medicine is still in the hands of

the church, of various quacks, and of sorcerers. But Abyssinian medicine is most interesting as a survival of practices which were universal in Europe, six, five and four hundreds years ago, and even at times nearer to us, as the pages of a vividly written work on the subject by Dr. Merab show. Dr. Merab is physician to the Negus, Menelik II., and in charge of the royal dispensary at the palace, so that he has opportunities for study of which he has made good use. The remedies are purely mediæval. Bleeding, the actual cautery, free purgation, the juices and seeds of various plants, and sundry portions of animals are employed. One of the commoner diseases is due to the presence of *tænia saginata*. The popular name of this worm, and also of the drug taken to expel it, is kousso, which is also found in our own pharmacopœia as a vermifuge. According to Dr. Merab its use (and the Abyssinians take it regularly every two months) can produce most disastrous effects in the way of fatal syncope or acute gastritis, but he adds that if the natives would take the drug according to the rules of art most of these inconveniences would not arise. Syphilis is common, but of a very mild type, for its nervous complications are almost unknown. Pneumonia is extremely rife, and is treated by wet cupping. "Under this treatment," says Dr. Merab, "adults recover; old people die. As for children they are never treated at all, and so they always get well." Chronic conjunctivitis is also widely spread; the native remedy is to incise the arch of the eyebrow and to introduce "the seven colours," or rather shades of colour, for the Abyssinians do not recognise violet, indigo, or orange. Tuberculosis, cancer, and alcoholism are practically negligible in their rarity. Despite their very rudimentary notions of medicine and hygiene, and their very unpleasant customs, Dr. Merab apparently acquired a warm admiration for the Abyssinians, whom he calls "a happy people." Crime is largely absent, and also the psychoses which afflict higher civilizations.—*The Lancet*.

**PAROXYSMAL ŒDEMA OF THE LUNGS.**—Acute œdema of the lungs is usually regarded as a rare and almost invariably fatal affection, and little attention is devoted to it in text-books of medicine. In a paper published in the June issue of the *Bristol Medico-Chirurgical Journal* Mr. C. E. S. Flemming contests both its rarity and its immediate fatality, giving an account of four cases which he has encountered. The striking feature of these was the recurrent nature of the condition, the attacks lasting altogether over a period of weeks or even years in one instance. The onset is usually heralded by irritation and dryness in the throat, with anxiety or vague fear of some impending danger. The patient cannot lie down, his breathing becomes rapid and oppressed, and there is pallor and often cyanosis. The cough increases, with expectoration of a frothy coagulable fluid which may contain blood. Auscultation reveals the presence of râles all over the chest, and the pulse is small and frequent. In about half an hour the symptoms diminish in intensity, and the exhausted patient may fall asleep. For the next day or two the

moist sounds in the chest persist, but then disappear, leaving no signs of trouble until a fresh attack supervenes. This may take place in one or two weeks, or not for some months. The onset is most often at night, and no definite exciting cause can be ascertained. Of the author's four cases, two were in men and two in women, and the ages varied from 54 to 73 years at the time of death. The youngest patient was a woman of alcoholic habits, with a trace of albumin in her urine. She died in her third attack about six weeks after the first occurrence of this form of œdema. A second female patient who was the subject of mitral incompetence had many attacks at intervals of a few weeks, and finally committed suicide in a fit of depression. A man, aged 68, died in his second attack, while the fourth patient, a man of 70 when first seen, who showed signs of arteriosclerosis, lived for over two years, suffering at intervals from attacks of pulmonary œdema. Mr. Flemming notes the resemblance of these to cardiac asthma, but the frothy albuminous sputum is very different from that seen in asthmatic seizures. He believes that the explanation of the symptoms lies in the failure of the left ventricle, owing to which the pulmonary vessels become engorged with blood. The pallor, cold skin, small pulse, and sense of impending death, all point to cardiac failure, while Welsh produced a similar condition in the rabbit by squeezing the left ventricle and paralysing its action. The cause of the sudden failure is not clear, but accumulation of some toxin in the blood is conceivable. In treatment *nitrite of amyl* was disappointing. Hot fomentation to the chest and inhalation of oxygen proved of some benefit, but the most effective remedy was a hypodermic injection of morphine with atropine, which produced immediate relief in one instance. It should be tried in all such cases.—*The Lancet*.

SOME CHARACTERISTICS.—*Abrotanum*.—Cross, irritable children, with evident signs of chlorosis or emaciation; appetite is ravenous, yet child loses flesh (*Iod.*, *Nat. m.*; *Calc.*, *Ph.*, child wants to nurse all the time, loses flesh, cannot stand; *Cina*, child is cross, weeps, has great hunger, pale, sickly face, but less emaciated). Food passes undigested; face looks wrinkled as if old. (*Creos.*, *Sulph*; *Opium*, the suckling of a few weeks does not grow, but looks like an old man.) Weak, cannot hold head up. (Also *Æth.*, *Ant. t.*, *Arn.*, *Bapt.*, *Lyco.*, *Mang.*, *Puls.*, *Oleand.*, *Sil.*, *Tabac.*, *Zinc*.) Boys with nose bleeding or hydrocele. Blood and moisture oozing from navel of new-born children.

Rheumatic pains, lame and sore, worse, morning on waking (*Bry.*). Hæmorrhoids, burning when touched or during stool. (From touch: *Phos.*, *Sulph.*; during stool: *Cocc. c.*; relieved by stool: *Caust.*; worse after stool: *Berb.*, *Nit. acid.*) Hemorrhoids become worse as rheumatism abates. (Lumbago alternating with headache or with Piles: *Aloe*.)

In children, after influenza, great weakness and prostration and a kind of hectic fever (compare *Samb.* and *Senega*). The pains in stomach are worse at night; rheumatic pains are worse on moving and morning on waking.—*Medical Century*.

**LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET,  
BLOOMSBURY.**

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TO CONTRIBUTORS.—Reprints of articles can be ordered from the publishers, on application not later than eight days after publication.

**MEDICAL AND SURGICAL WORKS PUBLISHED  
DURING THE PAST MONTH.**

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| <p><b>Bandelier</b> (Dr.) and <b>Roepke</b> (Dr.). Tuberculin in Diagnosis and Treatment. 2nd English ed. Roy. 8vo., pp. 324. (Bale. Net 15s.)</p> <p><b>Beard</b> (C. H.). Ophthalmic Semiology and Diagnosis. 8vo. (Rebman. Net 21s.)</p> <p><b>Burnham</b> (F. W. E.). Haemocytes and Haemic Infections. 4to. (H. K. Lewis. Net 25s.)</p> <p><b>Collie</b> (Sir John). Forensic Medicine, Malingering. (XVIIth International Congress of Medicine, London, 1913. 8vo., swd., pp. 7. (Frowde &amp; Hodder).</p> <p><b>Cripps</b> (H.). Cancer of the Rectum: Its Surgical Treatment. 6th ed. 8vo. Churchill. Net 5s.).</p> <p><b>Cripps</b> (H.). On Diseases of the Rectum and Anus. 4th ed. 8vo. (Churchill. Net 10s. 6d.)</p> <p><b>Gray</b> (Henry). Anatomy, descriptive and applied. 18th ed. Edited by Robert Howden. Illustrated. Roy. 8vo., pp. 1328. (Longmans. Net 32s.)</p> <p><b>Halliburton</b> (W. D.). Handbook of Physiology. 11th ed. 8vo., pp. 994. (J. Murray. Net 15s.)</p> <p><b>Jamieson</b> (E. B.). A Companion to Manuals of Practical Anatomy. (Oxford</p> | <p>Medical Publications.) 12mo., pp. 552. (H. Milford. Net 6s.)</p> <p><b>Mellar</b> (J.). Ophthalmic Surgery. Edited by W. M. Sweet. 2nd ed. Revised. 8vo. (Rebman. Net 12s. 6d.)</p> <p><b>Paton</b> (D. Noel). The Nervous and Chemical Regulators of Metabolism. Lectures. 8vo., pp. 228. (Macmillan. Net 6s.)</p> <p><b>Pye's</b> Elementary Bandaging and Surgical Dressing. Revised and partly re-written by W. H. Clayton-Greene. 13th ed., 16mo., pp. 238. (Simpkin. 2s.)</p> <p><b>Stewart</b> (F. T.). A Manual of Surgery for Students and Practitioners. 3rd ed., 8vo. (Churchill. Net. 16s.)</p> <p><b>Thacker's</b> Medical Directory of India, Burmah and Ceylon, 1913. 12mo. (Thacker. Net 5s.)</p> <p><b>Wickham</b> (Louis) and <b>Degrais</b> (Paul). Radium, as Employed in the Treatment of Cancer, Angiomata, Keloids, Local Tuberculosis, and other Affections. Cr. 8vo., pp. 118. (Adlard. Net 2s. 6d.)</p> <p><b>Zeeman</b> (P.). Researches in Magneto-Optics. With Special Reference to the Magnetic Resolution of Spectrum Lines. 8vo., pp. 236. (Macmillan. Net 6s.)</p> |
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Letters to the Editor requiring personal reply should be accompanied by stamped directed envelope.

All advertisement and business communications to be sent to the "MANAGER" of the Homœopathic Publishing Company, 12, Warwick Lane, Paternoster Row, London, E.C.

LITERARY matter and correspondence should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the Editor as early as possible.

## CORRESPONDENTS.

General Phelps, Birmingham—Dr. P. Hoyle, London—Dr. Burford, London—Dr. Wynne Thomas, Bromley—Dr. Deane, London.

BOOKS AND JOURNALS  
RECEIVED.

Brit. Hom. Review.—Revist. Hom.—Med. Times.—Allg. Hom. Zeit.—Med. Advance.—The Chironian.—La Homœopatla.—Ind. Hom. Rev.—Hom. Envoy.—The Chemist and Druggist—Medical Century.—Rev. Hom. Française.—H. Recorder.—L'Omlopatla in Italla.—Revista Hom. de Pernambuco.—N.A.J. of H.—New

Eng. Med. Gaz.—L'Art Médical.—Hom. Jour. of Obst.—Annals de Med. Hom.—Century Path.—Hahnemannian Mon.—Pacific Coast Jour. of H.—Journal B.H.S.—Zoophillist—Calcutta Jour. of Med.—Le Propagateur de L'Homœopathie.—Från Homöopatliens Värld.—Journal of the American Institute of Homœopathy.—Eczema: Bernstein.—Indian Homœopathic Reporter.—La Critica.—The Homœopathician.—Iowa Homœo. Journal.

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Epitome of the Development of Homœopathy in Brazil.  
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## BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED):

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Dr. Bernstein on Eczema.

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# THE HOMŒOPATHIC WORLD.

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NOVEMBER 1, 1913.

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## THE WORK OF THE I.H.C.

WE make no apology for returning to the subject of the International Homœopathic Council. This body has such possibilities before it that we cannot consider too much the desirable methods and aims of its work. Its promoters and executive have formulated a few general principles which appear to us not only admirable, but essential to success. Of these the first and most important is that the I.H.C. shall only work in any country by direct invitation of representatives of that country, that in all ways it shall seek rather to co-operate with existing bodies than to replace them. There must be, and there will be, no hint of rivalry between the local and the central powers. In countries where organisation is backward the I.H.C. might do much in giving a stimulus to better development of societies and closer union of doctors ; in some cases it is even conceivable that it might have to take the first steps to initiate organisation where none exists, but wherever there is even the least growth of local union, the I.H.C. will aim to foster that tree rather than to plant a new one. In our own country for instance, the profession is well organised in the British Homœopathic Society. For the laity there is the British Homœopathic Association. This body is much smaller than it should be, and than it means to be, but it is an excellent framework within which all the various homœopathic activities of the United Kingdom can find a place if they will. Therefore there is no organisation for the I.H.C. to make here. But as a bureau of

international information, to collect data for the use of homœopaths from the Continent and the rest of the world, and as a stimulus to our energies by the knowledge which they can impart of effort elsewhere they can help us in many ways. In such work we all must wish them God-speed, and in our gratitude for such work we believe that we shall never be lacking.

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THE NIGERIAN TRYPANOSOME OF SLEEPING SICKNESS.—In Nigeria a form of sleeping sickness is encountered which is of a comparatively mild type, and in order to account for this mildness it has been assumed that the malady must have existed in that region for many years, and that in consequence the natives had acquired a relative immunity to the infection. It was apparent that further inquiry was desirable, and in view of this D. S. W. Scott Macfie, of the Lagos Medical Research Institute, undertook a series of investigations on trypanosomiasis as it occurs in Southern Nigeria. The results of this inquiry showed that the trypanosome of sleeping sickness in that part of Africa possesses some unusual morphological features which seemed of sufficient interest to be placed on record in view of the peculiar clinical characters associated with them. Dr. Scott Macfie has accordingly published his conclusions in the last issued number of the *Annals of Tropical Medicine and Parasitology*. He states that he found the Nigerian trypanosome to differ in several respects from a typical strain of *T. gambiense*; it produces in man a form of sleeping sickness which is relatively mild, and which occurs mostly in young persons; in this form the malady of the trypanosomes appear either to be absent altogether from the peripheral blood, or are present in such small numbers that hitherto they have escaped detection; the strain, moreover, seem to be but slightly pathogenic to the smaller laboratory animal. The morphology of this trypanosome as it occurs in the blood of the guinea-pig shows some special features; the organism is smaller than *T. gambiense*, the cell protoplasm when well stained is homogeneous, and in the blood films there constantly appear a very few minute parasites measuring as little as  $8\mu$  in length. Some of the short, stumpy forms have the nucleus situated far forward at the anterior (flagellar) end of the body. The occurrence of a few peculiar trypanosomes which seem to have a flagellum free in its whole length is also remarkable. Considering the morphological features of this parasite from Southern Nigeria and the clinical characters of the disease produced by it, Dr. Scott Macfie is convinced that this trypanosome cannot be regarded as belonging to the same species as *T. gambiense*. He, therefore, has come to the conclusion that it must be regarded as a new species, and he proposes to give it the name of *T. nigeriense*.—*Lancet*.

## NEWS AND NOTES.

### GIFTS TO THE LONDON HOMŒOPATHIC HOSPITAL.

LORD DONOUGHMORE, the Treasurer of the London Homœopathic Hospital, Great Ormond Street, W.C., has received £500 from "A Nameless Samaritan," per Dr. Neatby, towards the Appeal for £16,675 being made by the Board of Management, to name a New Children's Ward, in the Sir Henry Tyler Wing, lately added to the Hospital, "The Queen Alexandra Ward," by gracious permission of the Queen Mother.

Some £10,500 has already been paid, and Lord Dysart has promised the last £1,000 if the remaining £6,000 is contributed before December 31st next.

Donations may be sent to the Treasurer, or to the Secretary, Mr. Edward A. Attwood, at the Hospital.

### A HOMŒOPATHIC HOSPITAL IN BARBADOS.

A WELL-FOUNDED scheme is taking shape in Barbados for the establishment of a Homœopathic Cottage Hospital in this island. We often receive information to the effect that there is a good body of homœopathists in the West Indies, though we have few practitioners there. We wish well therefore to this scheme, for a hospital well conducted is the best testimony to our beliefs and the best method of demonstrating their soundness.

### ADDRESS ON HOMŒOPATHY AT GUY'S HOSPITAL.

OUR readers will learn with interest that as a result of a very courteous invitation from the officers of the Guys' Hospital Physical Society (the students' Society, and one of the oldest scientific bodies in London), Mr. Knox Shaw and Dr. C. E. Wheeler are giving an address on Homœopathy at one of the regular meetings of the Session. The date is fixed for February 5th.

### MATERIA MEDICA AND THERAPEUTICS.

*Ornithogalum*.—A cancerous dyscrasia affecting the digestive tract can in many cases be relieved by the use of infrequent doses of tincture of *ornithogalum*.



*Thuja* is a sheet anchor remedy for tubercular subjects. Depressed and tired of life. Fixed ideas as if soul and body were separated. Perspiration on uncovered parts of body or extremities, or all over except on head. When sleeping, perspires, which stops on waking. Catarrhal secretions thick. Vertigo on closing eyes. Nausea from running. Sensation as something alive in abdomen. Ranula. Stools large and hard, recede, with sticking pain in rectum. Diarrhœa yellow, watery, expelled forcibly, gurgling. Urine smells fishy. White scaly dandruff. Hair dry and falls out.—DR. E. N. CHANEY.

*Loco Weed (Astragalus)*.—Dr. J. B. S. King took the tincture and experienced a strange sensation in right foot. Sensation of purring, more on outer side and running from heel to toe. Intermitted at intervals of five seconds and lasted half-an-hour. In afternoon it returned more distinctly, and lasted two hours. It began up in leg. Also icy coldness of left calf. Pain over left eyebrow and temple. In centre of left chest peculiar burning and oppressed sensation. In animals vertigo as shown by running or turning in circles and staggering as if dizzy and more or less deafness and blindness. Muscular inco-ordination, loss of flesh and appetite.—*Medical Advance*.

#### FERRUM PHOSPHORICUM FOR OTITIS MEDIA.

IN acute inflammatory processes *Ferrum phos.* is to *Hepar* what *Aconite* is to *Sulphur* and *Belladonna* is to *Calcareo carb.*

We all well know the strong tendency to suppuration of *Hepar*. *Ferrum phos.* is, if I may be allowed the expression, the acute to *Hepar* in this condition. That is to say, fully appreciating the fact that *Hepar* is one of our chief remedies for acute suppurative states, *Ferrum phos.* precedes *Hepar*. In acute otitis media, for example, before the state of active suppuration has set in, *Ferrum phos.* is without doubt one of our leading remedies. Not infrequently *Belladonna* is prescribed in its stead because of the striking similarity between the two in symptoms and general expression. The one point of radical difference is to

be found in the pulse. *Belladonna* has a full, firm and even hard pulse, whereas *Ferrum phos.* with temperature equally high, and the morbid process equally active, has a full, soft and very compressible pulse. The latter may be said to indicate a systemic state less resistant and therefore more prone to break down.

The symptoms of *Ferrum phos.* in otalgia are worse at night; are throbbing, shooting and tearing; the face is flushed, ears red hot, and the skin likely to be moist. In short, if we have before us a typical *Belladonna* picture we can by adding a soft compressible pulse easily convert it into a *Ferrum phos.* picture. *Hepar*, as has been said, follows *Ferrum phos.* Let the latter modify the symptoms and then cease to act, *Hepar* will invariably come in and finish the case.—  
PHILIP RICE, M.D., San Francisco, Cal.

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FATALITIES DUE TO THE UNRESTRICTED SALE OF POISONOUS DRUGS IN TABLET FORM.—In the *Australasian Medical Gazette* of August 2nd, Mr. L. W. Bickle has called attention to the serious number of fatalities which have occurred in consequence of the unrestricted sale to the public of poisonous drugs in tablet form. He was hurriedly called to a child who was supposed to be choking, but found that the symptoms were due to strychnine poisoning in consequence of taking Easton's syrup tablets. A bottle of these had been given to the child to play with by a young servant girl. The result was fatal. From the medical press in recent years, Mr. Bickle has collected eleven cases of poisoning by tablets, of which ten were fatal and recovery took place with difficulty in one. In seven the poisoning was due to strychnine, and in five of these the tablets contained Easton's syrup; they probably did in the other two. Sulphonal was the drug in two, and veronal in the remaining two. With one exception the cases in which Easton's syrup tablets were taken occurred in children four of whom were of ages ranging from 1½ to 2 years. The cases of sulphonal and veronal poisoning occurred in adults. This list is, of course, by no means complete. A large number of fatalities due to veronal (usually taken in tablet form) has occurred in the last few years and led to its being scheduled as a poison. The tablet is one of the most valuable improvements of modern pharmacy, but, like every thing good, is capable of abuse. The increased interest which the public take in medical matters is valuable in that it secures their co-operation with the profession in the struggle against disease, but it also has the unfortunate result of increasing the habit of self-medication for which tablets are often used.—*Lancet*.

## ORIGINAL COMMUNICATIONS.

### "THE HOSPITAL OF TO-MORROW."\*

By WILLIAM CASH REED, M.D.

"The old order changeth, yielding place to new,  
And God fulfils Himself in many ways,  
Lest one good custom should corrupt the world."

*Morte d'Arthur* (Tennyson).

LADIES AND GENTLEMEN,—A short time ago I was asked a pointed question by one of our best-known citizens, to whom I had expressed some adverse views on the Insurance Act. What I had said concerned the stultifying effect which the Act would, I thought, have upon hospitals and upon medical science generally, in short, its ineffectiveness, and its sweating tendency.

"If," said he, "the hospitals will suffer, and you do not believe in a 'National Medical Service,' what do you propose?" The challenge seemed to me a fair one and I felt bound to take it up. It appealed to me the more because that attitude of mind which vaunts itself in crying "down with all that's up," and yet offers nothing in exchange, is a pitiful example of abortive zeal.

The stimulus induced by the question, "What do you propose?" is responsible for the text of this address.

If its purpose be a new departure, and but little in consonance with the erudite themes to which we have been accustomed to listen on similar occasions, I must take refuge in that sophistry which claims that "the end justifies the means." "Tempora mutantur, et nos mutamur in illis."

Before passing on, however, I should like to say that the papers we shall listen to to-day are, as you will see from the syllabus, both scientific and practical. As to the former, we shall listen to expert evidence of such a character as to claim our closest attention, for its trend will, if I mistake not, be to change our horizon, and to lead us to an altogether wider conception of disease; and, personally, I expect to realize from the premises laid down, far more fully than hitherto, that

\* The Presidential Address read at the Homœopathic Congress held at Liverpool, September 19th, 1913.

medicine in the future will be less concerned with visualized disease than with the factors which induce its installation.

The keynote of former Presidential Addresses to which I have listened has been in effect "personal experience, and its lessons." That one should have had sufficient experience to draw upon with enlightenment, connotes that one has passed the militant age of professional life, and has arrived at a serener epoch, when the strife of battle is less intense, and its awards (such as they may be, and mostly intangible) are within sight. Looking back on my own experience of more than thirty years, that which comes most prominently into relief is the great interest which I have always taken in hospital work. Hence it is that this address proposes to deal with some of the lessons I have learnt concerning hospital deficiencies, and to indicate, if possible, some remedies which may lessen them; and, in doing so, I shall try to answer the initial question, "What do you propose instead of Insurance Act, or State Medical Service?" Much has been said lately under the head of the "hospital of to-morrow" about hospital buildings. This subject I am not dealing with. I do not propose to investigate administration, for in our own case this is well nigh perfect; nor do I turn to the personal question as to appropriateness for admission. So excellent is the machinery now employed in winnowing out unsuitable cases, that it is a foregone conclusion that if a patient has been admitted he is entitled to be there.

*Out-Patient Department.*—My investigation really takes us downstairs to the out-patient department, where a heterogeneous array of cases, something like the following, confronts us—displaced kidneys, dropsy, varicose ulcer, half-a-dozen anæmias, flat foot, "dropped stomach," and sick headache. Half-a-dozen of the above are living on stewed tea, and several have decayed teeth, and need the dentist's services, not the doctor's. But, speaking broadly, their sickness is conditioned, if not actually caused, by the circumstances of their lives; yet they come to us for healing. Thus the hospital of to-day is so far inefficient.

Take the last, as apparently the simplest. The usual causes of headache pass in review before one, and the case is negotiated on the lines which appear most feasible, *e.g.*, those concerning gastric catarrh. Thus we prescribe. But does our duty end here? What about the chronic worry, on account of deficient income, which is in the background, and which is really responsible for the gastropnoia? For it is probably a case of this. We may of course dismiss the question as not being material to our sphere of action, and, in most cases, we shall do so, not because we are hard-hearted, but because it is not possible, except in a spasmodic and haphazard way, to do otherwise. These things ought not to be.

We all feel it in our best moments, but fatigue and the contempt bred of long familiarity makes us accept things as they are, and call them "the inevitable."

I, perhaps more than most men, am slow to break new ground, or to express myself in words. Hence it was with unusual pleasure that I found the undercurrent of my own thoughts so ably expressed in a work of Dr. Cabot, Assistant Professor of Medicine in the Harvard Medical School, and I should like to express my indebtedness to him for many illuminating passages which I shall quote to-day.

*Two kinds of Blindness which affect Medical Men.*—If we are really to treat the patients whose hypothetical cases I just now enumerated we must beware of a short-sightedness, if not a positive blindness, in our own case. There are two kinds of blindness which affect medical men.

There is the blindness to *foreground* which is due to the habit of looking into the distance over the head, as it were, of the facts before one; ignoring the personality of the patient whom we perceive merely in ghostly outline, while his disease assumes elephantine proportions. This blindness may attack the nurse as well as the doctor, until each bed is tenanted, not by a complex human being, but simply by a specimen or case.

Then there is the blindness to *background*, in which the medical man can see nothing but the facts immediately before him. He is here tempted to mask the

symptoms, thus obliterating the signals of distress which nature is putting up, instead of using them in his search for the actual evil. Thus it is essential for us to remember that the reasons for which patients wander into our clinics seldom appear upon the surface.

"One comes," as Cabot says, "because he has lost his money; another because he has lost his mind; one needs the husband who has deserted her; another needs a holiday and someone to pay for it; a young man, recently married, has gastric catarrh, because his wife has no soul for cooking; while another needs false teeth, and something to put between them."

Thus they pour in and out of our clinics day by day, and are accommodated with a remedy which, in the circumstances, is merely a placebo.

One such instance was brought forcibly before me a few weeks ago, in the case of an anæmic, frail-looking girl from the North End (the "East End" of the Metropolis), complaining of a "headache"—that is all. We seek to amplify such laconic statements, but little comes of our efforts. We prescribe our remedy; that is, we put some sort of plaster upon the patch, and ring the bell for the next patient. The crux of the whole situation lies in what she has *not* told us, nor would ever have been induced to tell us, however we had applied our arts of persuasion, for there is a dignity in suffering which our high-mindedness does not always realize. She has not told us that she sleeps in a tiny attic in a bed with two sisters, one of whom has phthisis, and that their only window is hermetically sealed.

What can a prescription do in such a case? And yet it is the best the hospital of to-day can do. It is thus far ineffectual. We must ever push on into the background, if we would discover where the mischief lies.

It may be found in the home, where life is being crushed out "between the upper and nether millstones of poverty and drink." It may be the effect of city life with its appalling monotony; its noise and dirt, or the starved artistic temperament (and this is frequently found amongst the poor), or the absence of friendship, or the far more disastrous effect of base spiritual environment.

“ There are diseases which cannot be cured without friendship ; patients who never get well unless you can get them to make a success of something, or to conquer their self-absorption by self-devotion, ‘ losing their life to find it.’ ”

This is not all, however. The failure is not always in the home, nor in the temperament, but is to be found in the faulty organization of industry, resulting in unemployment and sweating. Over and over again the medical man in his hospital work is confronted with the pernicious results of the sweating system, which seems to render his most careful treatment hopelessly futile.

I do not wish to weary you with oft-repeated facts, but should like to quote a very few of the more startling, recently published in a well-accredited paper.

“ In the East End of London, ladies’ skirts (lined) are made at 2s. 6d. a dozen, whilst long coats, cut in the latest fashion, are paid for at 7d. apiece, and trousers are made at a 1d. a pair, which at the retail shops are sold at 10s. to 13s., whilst some of the coats find their way into fashionable establishments at the West End, where they are marked from £2 2s. to £3 3s.”

The picture is too appalling, and might be amplified almost indefinitely, but I have said enough to illustrate the impotent position in which a medical man finds himself constantly placed. If prevention of disease is our aim, it is time, and more than time, for us to seek help from the public service, and it must be in close co-operation between the medical profession and the public service that the hospital of to-morrow will become more effectual than the hospital of to-day.

*Muscular Limitations.*—There is another point arising out of what I have said, which, when once explained, is very simple, and is the key to a vast deal of the physical suffering of the poor and underfed. It was first reduced to concrete form by Dr. Inman, one of the earliest physicians to the Northern Hospital in Liverpool, sixty or seventy years ago. It concerns the limitations of muscular output.

My own experience, aided by a collection of data from the out-patient department of our hospital, leads me to

the conclusion that the poor, whether in city or country, are nearly always on the point of exceeding their powers of muscular exertion. In other words, the intake of energy and the storing of it is unequal to the output.

This axiom, for it is little else, might be elaborated almost indefinitely, but it is hardly suited to the present occasion. My object at the moment is to indicate in the few words I have to say under the present head, an additional reason for social work in co-operation with hospital treatment, and the key to a great deal of it. The preliminary agencies of cure in the class of cases we are considering are, of course, found in the hospital itself, its discipline, the regularity and abundance of its dietary, and the adequate hours of sleep obtainable. These, in their sum total, give confidence and serenity of mind to the sufferer, as well as strength to the body.

It is for the continuity of these things, when the patient is discharged, that we seek an outside agency.

Before leaving this subject of our own blindness, and the misery at our very doors, there is a more lurid example I must draw attention to, opposed as I am to bringing into a paper like this any of the "purple spots" found so often in literature. Here I quote from the author I have named, for it expresses the true inwardness of what we have all repeatedly seen, especially on the Continent.

"Suppose," he says, "a person were suddenly, and for the first time in his life, deposited in a busy hospital clinic; suppose also that he is a genius, and can see through his own eyes—as the rest of us rarely do—what will most of all surprise him? Not the rush and roar of it, not the bad air and bad smells; he has learned long since that the practice of hygiene is for other people, not for ourselves who preach it; not the amazing and unnecessary ugliness of every room and hall. Rather he will be arrested by the amazing absent-mindedness of the doctors.

The philosopher intent upon his problem may abstractedly walk over a precipice, but I never heard of one so absent-minded as to push a young girl over a precipice, as we are all doing every day in our gynæcological clinics. Not an atom of



cruelty or hardheartedness about it, purely the habit of abstraction, the habit of saying ' my job ends here.' "

" She came in to find if she was pregnant. I told her ' yes,' and she went off. Is that pushing her over a precipice ? "

" Yes—in many cases it is just like that. The doctor is so absent-minded that he does not notice the push towards hell, which his word, all innocently, gives her. ' Yes,' you are now cut off from your family, who will be indignant at the shame you put upon them ; from your friends who will no longer want their names coupled with yours. You will be branded as ' fallen,' and kindly looked down upon by those who have fallen perhaps oftener than you, though in less obvious ways. Everyone in the community will be against you, except those who are eager to drag you lower. You cannot longer go on earning an honest living, for if you try to do so, your condition will soon be observed. If you try to get square with the world again by killing your child before its birth, you will run a considerable danger of death by blood-poisoning, and the Law will regard you as a criminal if you are found out. ' That is all to-day, step into the next room, please, and the nurse will help you to dress.' Thus the doctor's mind is absent from certain human aspects of his patients' woes, merely because his attention is so strongly concentrated on disease."

#### THE ECONOMIC ASPECT.

I am well aware that in what I have been saying I lay myself open to the charge of sentimentality, and, therefore, before coming to what I hope may prove the cure for much of our imperfection, I should like to remind my hearers that this blindness to the spiritual side of our patients' lives, this ignoring of the environment of the sick poor, is an expensive luxury, and affects the hospital in a particularly vulnerable part—namely its finances. Take a concrete case :—

A child is admitted with gastro-enteritis due to wrong or deficient feeding : The remedy is obvious and recovery speedily complete, and the patient is " discharged cured," as the ward-book has it. The illness shortly recurs, for

the background is unaltered, and the patient is re-admitted with the wisdom of the sage who dipped up water with a sieve. We have done nothing whatever to remedy the cause. Had the background been appreciated and dealt with the child would have remained well, and the hospital treasurer would have been saved an entirely preventable quota of anxiety.

Yet the hospital of to-day has no power to alter that background, nor is it in co-operation with any agency that might do so.

*Overcrowding.*—The enormous difficulty of hospital accommodation is one which must cause constant anxiety to the authorities, and it seems but little lessened though we add innumerable kindred institutions such as workhouse infirmaries, homes for incurables, for convalescents, for young and old, for epileptics and consumptives, for the feeble-minded, and the unruly, until at last we justify the sarcastic saying of the Fenchman, "One half of the English nation spends its time in putting the other half into institutions."

In the meantime the surgeon is expediting matters by operating as rapidly as possible—the bed hardly cools from one patient before it is made up for the next, till, as an eminent surgeon said one day, "The workhouse infirmaries are stocked with surgical derelicts!" But what else can the surgeon do, while a queue of patients awaits him?

#### THE HUMANITARIAN ASPECT.

Ladies and Gentlemen,—If ever it were necessary to consider the patient apart from his disease it is so now. The humanitarian and the scientific aspects of our work are both essential, and when we come to cope with the personality of the patient we must realize that "man is not flat like a card," but rather like a gem of many facets, and that which he shows to his medical man may be the least scintillating of them all.

#### SPECIALISTS.

Thus far I have very briefly dealt with the self-absorption or shortsightedness which attaches to us all, and I wish here to say a word as to that which belongs

to the specialist. It was wisely said by a well-known physician that no one ought to be a specialist until he had been twenty years in practice. This was in the days when specialism was in its infancy. How much more necessary now that it is the order of the day. What risk there is of looking at the disease and not at the patient, despite our special education as homœopaths, who have been taught to look at the patient in his dual composition of mind and body, and draw from each its contribution to the totality of his symptoms.

#### HAHNEMANN'S VIEWS.

The mere labelling of a disease, and then pigeon-holing it, called forth Hahnemann's unqualified denunciation in terms of the most scornful acerbity. To prescribe according to the name of a disease was as odious as it was impossible to him. A name is a thought formulated, and thus capable of being passed on to another. Thus, for purposes of statistics, tabulation, and indexing, the "mark" or "name" is useful, but its use ends here. If it were otherwise we should prescribe without due deliberation "quidquid in buccam venit," as Hahnemann reminds us.

In one place he speaks of "the unpardonable indolence and laxity in performing the most important and serious of all human affairs, that of prescribing, owing to which failure ensues, a failure which is ascribed to the imperfection of the principle, and not to that of the prescriber, who seemed to expect that the appropriate remedy would spontaneously fly into his mouth like roasted pigeon without any trouble on his part." It is not the name of the disease which is the key to the remedy, but the complex patient, by his contribution from the realms of mind, body and estate to the sum total of his sufferings. There is no royal road to the understanding of the "tout ensemble" of disease. Were it otherwise I take it that every principle of deductive logic should be set aside, yet on these principles is based the lifelong study of a medical man. It is these which make experience valuable. Otherwise at the age of forty every man would be a physician, though a fool!

It was Hahnemann who raised medicine from dogmatic empiricism to the plane of deductive science, where the patient is viewed for the first time from every aspect of his complex personality, and the summing up is the index to the remedy, and indirectly of the prognosis. The declared followers of this master mind are numerically few, yet it is no idle boast to say they have achieved results wholly out of proportion to their numbers. Very few men had the extraordinary privilege of being his pupils, but they passed on the spirit of his teaching to their pupils, who, in their turn, did the same, and are still doing it, so that now, though the man is gone, his art remains, and the original inspiration, potent as it was a hundred years ago, is now merely a "*magni nominis umbra*." But this shadow of a great name is still influencing the medical mind, and will continue to do so, though no longer stifled, suppressed and ridiculed as it has been. The irrepressible energy of his teaching is, happily, still with us.

It would be foolish to ignore the wonderful advance in therapeutics that has been made in the life-time of every one of us, and it is not to be wondered at that in this abnormally rapid development of medical science we have inevitably dropped some valuable possessions on the road. We have made a forced march, and made it brilliantly, but in doing so we have, as it were, left our base unprotected. In the interests of public service we must reconsider our position as medical men.

#### OLD TIME IDEALS.

Thirty or forty years ago the family doctor—of our childish memories—did perform a social service, for he was in almost all cases the family friend and adviser. While prescribing for us in the inevitable attack of measles, he gave our mothers the kindly meant advice as to getting all the nursery occupants infected at once, as a labour-saving measure, so to speak, took her for a drive in his phaeton, and discussed investments with our fathers. If he lived in the country he was often one of the best advisers on the subject of roots or hay, and no ill-guide in matters spiritual, for he knew at least the fit

moment at which to call in his friend the vicar. He knew whose larder was in a straitened condition, and where the pinch came, the "*res angusta domi*," and his wife not infrequently provided nourishing concoctions on the most specious premises. The doctor in "*The Bonnie Brier Bush*" is no figment of the imagination, but the life-like portrait of the best type of the medical man well-known to most of us in our childhood.

As Cabot says, "Medical and social work are branches split off from a common trunk. In earlier centuries the priest healed the sick, cared for the poor, taught the ignorant, and often led his people in industrial, governmental, and even in martial activities. He was the lawgiver and magistrate, the doctor, the school teacher, the dispenser of charity, the temporal ruler, and sometimes the leader in war. Such all-inclusive usefulness in the priesthood still lingers here and there among us."

We know that, after the recent earthquake in Jamaica, the Archbishop of the West Indies rose to the occasion, till as one who watched his courage and ability said, "He was a head and shoulders taller than any man or woman in the island."

Now it would be superfluous to remind you that we can never recall the past, or that "the old order changeth, yielding place to new," but it may be well to remember that the best of the past can somehow be recalled. We may cultivate specialism to the verge of deformity, yet on the other hand without specializing we shall do nothing. Thus I have endeavoured to show where we ourselves are lacking in the true conception of hospital work, and the absolute necessity for a complement to that work.

I believe that the only real one is to be found in an organized social scheme, as an integral part of hospital polity, and this will differentiate the hospital of to-morrow from the hospital of to-day.

#### SOCIAL WORK : THE REMEDY.

In bringing before you my ideal of social work, let me begin with two negatives. It must not for one moment be confounded with the work of the relieving officer, nor

the worker be regarded, as Dr. Cabot humorously says, as " something midway between the dancing master and the theologian."

*A Profession.*—Social work to-day is a profession, and the worker is an expert, and before we, as representing the hospitals, have anything to do with him, he will have gone through a course of study, exhaustive as well as experimental, during which, though developing his intellect, he has not allowed his heart to atrophy.

*Its Qualifications.*—One essential qualification of the worker, which is unteachable, is tact, *i.e.*, actual deftness in the art of handling his cases. Without this his work will be abortive, or even injurious. " Nascitur non fit " is an axiom which applies with equal force to the social worker and the poet.

*Sympathy.*—But, above all, the social worker must be possessed of sympathy. Westcott says there are two kinds of sympathy ; one is aptly styled that of contagion, the other that of congruity. With the former we have nothing to do, for it concerns the emotions alone, *e.g.*, martial music, or a tragedy on the stage. With the latter, however, we have everything to do, for it concerns the " fitness " of things, which brings together in an indissoluble bond the social worker and his work. This is the keynote of the situation, and forms the centre from which all effective activity must emanate. It is here no use to direct our attention to economics which have no soul, and which inspire no enthusiasm. The elemental factors of human motive, instinct, and aspiration are not capable of being tabulated, and coaxed into an orderly whole, and then handled like a game of " Patience." These things are too delicate to lend themselves for solution to the automatic machinery of a State Bureaucracy.

Thus, the sympathy which is congruous must underlie every scheme for social amelioration in its object to lessen the sum of disease and suffering.

There is in social work a science and an art, just as much as there is in medicine. Science alone will make a poor bungler of both doctor and social worker in the actual craftsmanship of his work.

Although I have spoken of poverty as primarily at the

root of the work to be combated by the social worker in his aim to assist the doctor, it is, of course, only one cause, though the chief, of those disabilities which crowd in and render our work abortive.

*Poverty and Environment.*—Poverty is to social work what pain is to medical, they are each the pivot around which remedial measures crowd. They are the needle of the compass. They form the meeting-place of complainant and referee in each case. Poverty stares us in the face, and makes its mute appeal without any introduction; to find out the cause will need all the brains and tact of the expert worker, for he is dealing with an extremely subtle foe. It may be necessary to discover, if, lying hidden in the background, there be not some malign influence at work such as overwork, unforeseen misfortune, self-absorption, slackness, congenital degeneracy, alcoholism, or merely ignorance.

Again the social worker must study the effects of City life, of life in the country, of noise, even of dirt, vice, child labour, and long hours, and sweated industries in their effects upon character, before he can set the machinery to work, which, as a battering ram, must break down the barriers of prejudice and greed.

*Hospitals in Relation to Social Pitfalls.*—It will be readily recognised that such problems as these need the acumen, tact and sympathy of a trained worker, combined with all the alertness of the medical man, if hospital work is to be more than ameliorative. It is not however, by any means so obvious why the admission of a patient to a hospital jeopardizes the social scheme in its most important particular, *viz.*, the home-life. Our coadjutor has, if possible, to neutralize the harm done to a "family when a wife goes to a hospital for some weeks, and thereby deprives her husband and daughters of the moral support which has hitherto kept them in the straight path."

It may be an easy task to negotiate hospital accommodation for the wife, but a colossal one to shut the floodgates which may thus be opened against the home. This is the point which gives such enormous power to the agencies in this city—originating in the honoured name of Rathbone—the very essence of which

lies in the fact that medical and surgical treatment are given in the home. Of course, this can only apply to what may be called minor cases, but, inasmuch as it encompasses the home treatment of the sick, it achieves untold good.

“Again,” as Cabot says, “it should be the special business of the social worker to point out that, not for economic, but for spiritual, reasons, it is a dangerous experiment to take a man away from his work and put him on his back in a sun shelter, or a deck chair, or up in a balloon for months at a time.

“The time has come for the social worker to realize that one of his special functions is to devote more research and energy to the study of how to prevent the doctors from hurting the souls of their tuberculous patients while busy in the attempt to have them live by bread alone” (with milk and eggs).

The importance of apportioning appropriate labour to the stages of disease seems to me to be also greatly under-estimated.

I know of no greater tragedies than those hidden in the lives of patients admitted to hospital, because the human element at home has been left unnegotiated, and further burdens are being prepared for the hospital for the want of the co-operation of social work.

Ladies and Gentlemen,—I have endeavoured to place before you the ideal of hospital work in its entirety. It remains now for us briefly to consider the means available to achieve the end in view.

I have taken special pains to speak in this paper of social work, and have referred to what is meant by no other name.

This is because there is a tendency to confuse the idea involved under what has hitherto been spoken of as the work of the almoner. Social work has not necessarily anything whatever to do with the work of the almoner, though it has, in some cases, been found expedient to combine the two offices. The almoner, as such, has to do with the prevention of hospital abuse. The social worker has, in conjunction with the doctor, to do with the material at hand, as it exists, and to make for stranded or wrecked humanity,



some sort of endurable, if not enviable, conditions of existence.

*Inception of the Work.*—To many who may not know the facts let me briefly indicate the inception in this country of the work we are considering. I believe it was first begun in the Royal Free Hospital, Gray's Inn Road, some twenty years ago. It is about a decade old in America, and some three years it has been in existence at St. Thomas's.

The difference between the management of the work in the States and in this country is that, in the former it is vested in a committee, whilst in this country it is the outcome of the co-operation of the whole of the medical staff of the hospital concerned. I am speaking of St. Thomas's Hospital.

To the lady at the head of the social work there I am deeply indebted. Through her and her large staff of lady workers I was able to see something of what is being accomplished. The most striking feature was the absolutely essential assistance given by the worker in the tuberculosis department, where fifty per cent. of the cases were under her direct personal supervision, with the fullest co-operation, of course, of the doctor concerned. The homes are visited, the children's need supervised, ventilation and sanitation are insisted upon, and where absolutely necessary means are found to provide suitable nourishment—here the social worker is essential.

It may be noted here that the late Sir Rubert Boyce was greatly interested in the work of St. Thomas's, and if he had lived it is possible this paper would never have been written, because this work would already have been, through his energy and influence, set well on foot in Liverpool. But, alas, in this great city, there is none! Yet it is important to remember that we have at our own University all the material at hand, and in full working order, for a comprehensive training in the work I have outlined.

I saw the other day, sitting at one of the large London hospitals, a well-dressed woman who, until three years ago, had daily consumed three ounces of laudanum. She came there to the out-patient department, and in course of

inquiry by the lady responsible for social work the above information was elicited, which would otherwise have been hidden. This lady at once had her admitted to Lady Somerset's Home, and, though her experience at first on the withdrawal of the drug was horrifying in the extreme, the cure was accomplished, and she is now at liberty. Her first call was the one of gratitude I have named.

In concluding this paper I should like to quote a passage from the address read at the opening of our own Hospital twenty-three years ago, by the donor, the late Sir Henry Tate.

It stands as the expression of a great and generous soul, and one who possessed the rare gift of foresight. He said :—

“The administration of the Hospital will be started on the principle laid down by Hahnemann, as at present understood, and the medical staff will be chosen from the ranks of its professors. But while holding strong, and, as I conceive, well-founded opinions as to the general soundness of those principles, and while feeling convinced that they are the best yet discovered, I have no desire to fetter posterity and tie it down to a strict adherence to what appear to me the great medical truths of to-day. I have, therefore, provided in the trust that although this Institution will bear the venerated name of Hahnemann, and will thus be unequivocally associated with the system he propounded, there shall be no restriction on the managers in the future to the present practice. The medical officers shall ever be free to adopt such measures as future scientific research may discover and develop ; and if in the march of progress it should come to pass that the Hahnemann system should be superseded by something else—which I, of course, at present find it difficult to believe—then I hope the managers of this Institution will show themselves worthy of the free and open spirit which has witnessed its foundation, and be ready to apply the newest discoveries which the science of their day may bring to light. I have seen so much of the evil results of cramped and rigid conditions attending gifts to charitable institutions that I am determined not to

allow those who are to manage this Hospital and Medical School to be hampered in their work."

Although these words apply entirely to the science of medicine professed and practised by us all, and although I find it quite as difficult as Sir H. Tate to believe that any system can supersede the one taught by Hahnemann, yet because I believe that the same spirit of generous broad-mindedness animates my hearers, I lay these suggestions before them, confident that they will receive their mature and sympathetic consideration.

*The Scientific Side.*—When I consider the evolution which has taken place in hospital work during my lifetime, the enormous strides in the equipment, the lavish expenditure in the theatre, together with the adequate and well-trained nursing staff, I am amazed that hitherto the psychological side of the question has scarcely received serious thought. We have given everything to the scientific side,—radium, which costs £1,000 for the fraction of a grain, electricity stored and applied at enormous cost for x-rays, light treatment, and electrolysis. Yet who has ever thought until recently that there was such a science as the "Psychology of the Hard-pressed," or that the effect of malnutrition, not upon body only, but upon character, was worthy the study of the scientist.

Whilst speaking of poverty and its claims upon medical men, it is well to remember that those of us who are connected with hospitals come in only towards the closing act of the drama. Life has been lived for so many of our patients not only without any pecuniary margin, but actually below the poverty line. Once admitted to hospital, there is food in abundance, but we must deal with the net result of years of privation, and these have furnished us with a concrete disease which is not found in the Text-books, and has no more academic title than "chronic malnutrition." This condition, so grave that it is frequently the cause of insanity, we do not consider suitable to be written upon the chart which hangs on the wall above each patient's bed. We prefer such euphemisms as "Neurasthenia," in which the onus of cure rests but lightly upon the doctor's shoulders.

Those who, like myself, work mostly in the women's department of a hospital, cannot fail to be struck with the net result of chronic worry and insufficient food, especially in the crises of these women's lives. It should, I think, be more generally recognised that it is upon the woman that the stress of poverty chiefly falls. With heroic self-sacrifice she stints herself in order that the children should be satisfied, and that the bread-winner may have enough physical energy to do his work.

More than thirty years ago as a fledgling practitioner, I spent many hours a week in a small dispensary, and did my best to alleviate the dyspnœa of asthmatics who had climbed up three flights of rickety stairs.

I well remember a kindly friend commiserating me in my rather hopeless task, and saying, "I suppose after all it is food the poor things want." And yet, poor novice as I was, it never occurred to me that poverty, as such, had anything to do with my province. I considered it as something quite apart.

Years of mingled experience—failure and success—have taught me this great lesson, that if we would, to any great extent, be healers of the body we must never for one moment lose sight of the spirit.

I am convinced that the time has come to call in the aid of the social workers, and that before long their work must become an integral part of hospital polity, and I am jealous that we in Liverpool, who have been so long in the fighting line, should be to the front in this development.

We cannot claim the privilege of being pioneers, since in London, as I have stated, one hospital, at least has incorporated social work for nearly twenty years. But we need not be the recipient of the "bone to him who comes last."

That there must be difficulties of all sorts and opposition from many quarters, I do not doubt, but Liverpool has always been progressive, and the medical profession here has long been noted for its high ideals.

I, therefore, earnestly hope that what I have had the privilege of laying before you may tend to bring into existence in Liverpool, London, Plymouth, Birmingham

and elsewhere, such a union of medical and social work as shall crown the long labours of the hospital of to-day with the greater success of the hospital of to-morrow.

### VETERINARY NOTES.

By MR. J. SUTCLIFFE HURNDALL, M.R.C.V.S.

It has been suggested that as nothing bearing upon Veterinary Homœopathy has appeared in the HOMŒOPATHIC WORLD for some time, it would prove of interest, at all events to your lay readers, if some cases were recorded, in proof of the value of *the principle* expressed in the law Similia Similibus Curantur. Many persons, even avowed Homœopaths, have been known to express great surprise when informed that the lower animals are just as amenable to medical treatment according to Hahnemann as is the human subject, and it may be safely affirmed that in many instances they respond more readily, presumably because they never attempt to conceal any of their symptoms, either from ignorance or false delicacy as is often the case among human beings.

The following cases, it is thought, will provide food for contemplation, and perhaps arouse some interest in the minds of those who are owners of one or other of the domestic animals and stimulate them to rely upon Homœopathic treatment when necessity calls for veterinary aid.

Special attention has recently been drawn to the use of *Radium* as a therapeutic agent, and for this reason the first case should prove exceptionally interesting. A wire-haired Fox Terrier had for a considerable time been the subject of chronic eczema; the skin along the whole surface of the dog's back was very red, highly sensitive to the touch, very irritable, burning hot, exuded serum, and the hair was dry and brittle. Various remedies had been tried, such as *Rhus.-Tox.*, *Mezereum* and *Sulphur*, but without benefit; as a last result, globules of *Radium* 30 were given occasionally a dose of six twice a week, with the result that a

complete cure was effected in about a month, and that without any recurrence.

The next case was one of Hæmaturia (bloody urine) ; the dog humped up his back, walked stiffly in the hind quarters, and was much drawn up in the abdomen ; and although very gentle, showed signs of pain when handled along the back ; although he had been under treatment for some time nothing afforded relief until *Ocimum Canum* 200 was given, and only a few doses sufficed to make a complete and permanent cure.

The next case, a large Fox Terrier, after being out in the morning for his walk, showed all the symptoms of oxalic acid poisoning, vomiting mucus and passing blood freely per rectum : this went on for about twenty-four hours ; in the first instance *Mercurius* was administered, followed by *Hamamelis*, then the hæmorrhage was brighter in colour, and still copious. When *Millefolium* was given without result, in despair *Cactus Grandiflorus* was given, and from the first dose improvement set in ; frequent doses were administered for forty-eight hours ; previous to giving the *Cactus* the dog had become deathly cold, and showed every sign of collapse ; to assist the remedy hot flat irons wrapped in flannel were placed round the dog, for which he seemed very grateful, and he went on improving under this remedy until he was quite cured.

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## HOSPITAL EXPENDITURE.

THE King Edward's Hospital Fund for London have just issued their Tenth Annual Statistical Report of the Expenditure of One Hundred and Nine London Hospitals which provides some interesting reading.

The Report deals with nearly all the Hospitals of London which taken together, provided a total of 9,223 beds in average daily occupation in 1912.

The total number of In-Patients admitted during that year was 134,647, while 1,529,197 attended at the Out-Patient Departments.

The total ordinary expenditure during the year at these Hospitals including maintenance, administration,

rent, rates and taxes, but excluding expenditure on improvements and additions, or other capital expenditure, and also before charging interest on borrowed money, amounted to £1,038,791.

The increase in the cost per bed occupied, and per attendance of Out-Patients first noted in 1911, has continued, and the Report points out that owing to the increased cost of all commodities which have tended to raise the expenditure, this increased cost does not necessarily mean that attention to economy has slackened.

It will be gratifying to all friends of the London Homœopathic Hospital, to note the great care with which the Board of Management of that Institution administer the funds, so kindly placed at their disposal, the London Homœopathic Hospital being the lowest in cost of the fourteen larger General Hospitals in the Metropolis.

The following table shows them in the order of cost :

<i>Hospital.</i>						<i>Cost per bed.</i>		
						£	s.	d.
St. George's	..	..	..	318	..	99	13	7
King's College	..	..	..	186	..	92	8	4
Charing Cross	..	..	..	137	..	91	2	10
Metropolitan	..	..	..	105	..	90	0	9
Royal Free	..	..	..	141	..	88	13	9
London	..	..	..	817	..	88	8	5
Westminster	..	..	..	181	..	87	5	10
St. Thomas's	..	..	..	532	..	86	15	11
St. Mary's	..	..	..	248	..	85	17	2
Guy's	..	..	..	540	..	84	15	11
Great Northern Central	..	..	..	170	..	81	4	9
Middlesex	..	..	..	332	..	75	13	4
West Ham	..	..	..	103	..	74	8	8
London Homœopathic	..	..	..	126	..	73	11	8

## B.H.S. GOLF FINAL.

By H. WYNNE THOMAS.

THE final round of the Golf Tournament for 1913 took place at Sundridge Park, on September 25th, between H. Mason, of Leicester, the runner-up last

year, and H. R. Ramsbotham, of Park Langley. The day was cloudless, and the links in perfect condition.

Mason had to fight his way through in the earlier rounds, beating Bird after a close fight on the 17th green and only snatching a victory from Thomas on the home green, after being behind all the way from the fourth hole ; whereas Ramsbotham in all his previous rounds had finished comfortably with five holes to the good.

The match consisted of two rounds on level terms, both players having a handicap of twelve.

1.—Mason drove first and pulled into long grass, but made a very fine recovery well down the straight. Ramsbotham drove a good long ball, but reached the stream with his second, and had to pick out and lose a stroke, his fourth shot was short, and his next ran past the hole. Mason's third jumped the stream, reaching the green with his next shot he won the hole in six to seven.

2.—Mason had the luck at the second hole, just escaping the first bunker, which trapped his opponent's ball ; his third shot was lucky in running through the hazard guarding the green. Ramsbotham overran the green in four into a pot and took two more to get out, but Mason ran down a fifteen feet putt, and thus adding another hole to his score.

3.—This hole tried both players, but eventually went to Ramsbotham in six and seven.

4.—Ramsbotham over-drove the green, but his second landed on the green. Mason's ball rebounded from the railway fence, but he was on the green in the like number. Ramsbotham found the bottom of the tin with a twelve-foot down hill putt and Mason taking two putts, the game was squared.

5.—Both got fine drives, but Ramsbotham reached the ditch with his second, and lost a stroke. Mason topped his second and was short, reaching the green in three to four, but as Ramsbotham took two putts to Mason's three, the hole was halved, though an inch would have given Mason the lead.

6.—Mason with his drive found a bunker, but got well out and the hole was halved in five all.



7.—The next hole was also divided.

8.—Ramsbotham got in a fine drive, Mason slicing badly on to the next course ; with his brassy he got a long second, but his fourth shot found a trap at the corner of the green, and the hole went to Ramsbotham, who was within one inch of doing a bogey.

9.—Mason drove a perfect ball, reaching the brook, but was able to pick out without penalty ; Ramsbotham also drove a fine ball and both reached the green in three. Mason got down with his second putt, Ramsbotham's second being an inch short ; they turned home "all square."

10.—This hole was divided in seven, both players taking three putts.

11.—Mason again drove a perfect ball, but was too strong with his second, narrowly missed the pond, and ended in the rough beyond the green. Ramsbotham found rough stuff with his drive, and reached a bunker in his next hit ; getting well out on to the green, he holed out in five to six, Mason missing a twelve inch putt for a half.

12.—Both got " bogies " at this hole.

13.—Ramsbotham made no mistake from the tee, whereas Mason pulled out into the lane, but drove a beauty for his second. He was on the far side of the green with his next, whereas his opponent reached the edge of the green in two, both were weak in their putting, taking three each. Ramsbotham was now leading by two up.

14.—Ramsbotham topped his drive, his ball resting on the bank of the stream, Mason getting his ball well away over 250 yards in a line with the flag, his next shot was lucky, striking the side of a bunker without falling in ; he holed his ball in par score, his opponent needing one more.

15.—Both found trouble at this hole and divided.

16.—Luck favoured Mason here, his ball hitting a tree and bounding back on to the fairway. Ramsbotham reached sand with his second. Both were on the green with their third, and each took two putts.

17.—This hole was halved in five each, bogey allowing three.

18.—Mason got well away from the tee, whereas Ramsbotham's ball was buried in mud by the side of the pond, he got well out at the second attempt. Mason caught the bank guarding the green, but his ball rolled down on the right side, and he got down in five to seven. Thus ended the first round, as it began, neither having the advantage over the other.

The play had been very erratic, neither competitor going round under 100.

1.—After a refreshing cup of tea the second round was begun, Mason driving a beauty but Ramsbotham did the same. Mason pulled his second badly into the stream surrounded by trees, and had to pick out, and taking three more to reach the green the hole went to Ramsbotham.

2.—Ramsbotham with a ten foot putt won this hole in par four, Mason finding trouble having to play off the top of a bunker with his third.

3.—Ramsbotham made no mistake, and scored another bogey four, Mason's drive rolling into a pot, getting out of which he found another which cost him two strokes more.

4.—This hole was halved, Ramsbotham being stymied, and Mason failing to get a bogey by two inches.

5.—Mason won this hole in bogey five, holing a downhill putt of four feet, Ramsbotham's ball running past the hole.

6.—Both got to the green with two good shots, but Ramsbotham's ball, after trembling on the lip of the hole, dropped in a bogey four, Mason's ball being three inches short.

7.—Ramsbotham regaining the honour and being three up held it to the end. This hole he played in perfect style, doing another bogey with a seven foot putt.

8.—Was a bad hole, Mason topping his ball into long grass; he made a very fine recovery, but his fourth shot rolled into a bunker, costing him three strokes before he got on to the green, and the hole went to Ramsbotham.

9.—The next hole was also a bad one, and was halved

in eight. Ramsbotham leading at the turn with five up.

10.—This was a fine hole, Mason being well on the green in four to Ramsbotham's five, but the latter ran down a twelve foot putt and halved in bogey six. Mason's second put requiring only five inches.

11.—Ramsbotham got a poor drive to a perfect one of Mason's, but the latter threw away a fine chance by topping into the pond, and so lost another point.

12.—Both played fine golf and halved in bogey four.

13.—Ramsbotham's drive was pulled up in a bunker, but with a fine second he landed on the green. Mason got in a good drive, and reached the green in two, but the former holed out in two strokes again, halving with the Colonel, but in one less than Mason, thus winning the match by seven and five.

Ramsbotham in the second round played a fine game, his total score for eleven out of the thirteen holes amounting to only four strokes over bogey.

No. of hole	..	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Bogey	..	5	4	4	3	5	4	4	5	5	6	4	4	4	5	5	4	3	4
Ramsbotham	..	7	?	6	3	6	5	5	6	6	7	5	4	5	6	6	5	5	7
		—	—	+	+	0	0	0	+	—	0	+	0	+	—	0	0	0	—
Mason	..	6	5	7	4	6	5	5	7	5	7	6	4	6	5	6	5	5	5

#### SECOND ROUND.

Ramsbotham	..	6	4	4	4	6	4	4	7	8	6	5	4	4					
		+	+	+	0	—	+	+	+	0	0	+	0	+					
Mason	..	8	5	7	4	5	5	6	8	8	6	7	4	5					

### NOTIFICATIONS.

\*.\* Under this heading we shall be happy to insert notices of appointments, changes of address, etc., and holiday arrangements.

#### DR. W. P. PURDOM.

Dr. Purdom has changed his address, and now resides at "*Clevedon*," *Grove Road, Sutton*.

#### THE FOLKESTONE HOMŒOPATHIC DISPENSARY.

This Dispensary has changed its headquarters, and is now situated at 44, *Cheriton Road, Folkestone*.

### OPENING OF THE WINTER SESSION.

A LARGE audience assembled at the London Homœopathic Hospital on October 8th, to hear Mr. Dudley Wright deliver the Inaugural Lecture. Mr. Knox Shaw took the chair, and introduced the lecturer. Mr. Wright began by giving a full account of the present educational facilities for Homœopathy, thanks to the action of the Honyman-Gillespie Trustees, and the Burnett Fund. He then passed on to a broad survey of the historical position of Homœopathy, and to possible future developments, insisting on the readiness of those who believe in it to receive any genuine advances in the art of medicine. He next pointed out how strongly recent scientific discoveries had tended to confirm Hahnemann; how chemico-physical research had been forced to insist on the power of infinitesimals, of absolutely imponderable quantities of matter. The phenomena of surface tension and electrical conductivity were cited, and the experiments of Ostwald on the crystallizing out of super-saturated solutions, wherein it had been found that the active agent in the process need not be a larger quantity than that represented by our fifth or sixth centesimal potency. He quoted Professor Richet, searching for an explanation of the power of minute quantities of colloid metals in fermentation, and finding it in the possibility of a force analagous to radio-activity. Work on yeast activity was mentioned, and a striking experiment of Engelmann in the activity of infinitesimal quantities. Next the obvious homœopathicity of the application of physical agents like X-rays and *Radium* was urged, and and the Ionisation treatment was touched on as another instance. Even Hahnemann's theories of Chronic Disease were coming to be seen as possessing a large element of truth, although scouted as absurd for many years. Finally the lecturer touched on the need of research to keep Homœopathy alive and moving, and in an eloquent peroration urged his hearers to do their best to aid the cause towards whose success so much of modern science was tending.

Mr. Caird moved a vote of thanks to the lecturer, coupled also with the name of Mr. Urquhart as repre-

senting the Honyman-Gillespie Trustees. Dr. Goldsborough seconded, and Mr. Wright and Mr. Urquhart responded. The latter spoke eloquently as to the future of Homœopathy and its possible development, and stated the satisfaction of the trustees with the work hitherto accomplished.

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UNSULLIED AIR AND AN ABUNDANT SUPPLY.—We publish this week two articles which disclose cognate aims—in the one case it is the preservation of the atmosphere against smoke contamination, and in the other it is the provision of an abundant supply of air by a special process of ventilation. It must be admitted that these two subjects form in themselves a very important branch of sanitary science. The article contributed by Dr. John S. Owens, M.I.C.E., on "Methods of Measuring Atmospheric Pollution by Suspended Matter," sums up the advances made by the Coal Smoke Abatement Society in the direction of revealing the nature and extent of the pollution of the air of cities by smoke, while it evidences their determination to agitate for a mitigation of the nuisance. As readers of *The Lancet* will remember, we published in 1912 the results of an investigation undertaken in *The Lancet* laboratory which had for its object the periodical estimation of the impurities of the metropolitan atmosphere traceable to coal smoke. The inquiry lasted a year, and the results were of a very instructive kind. From Dr. Owen's paper it will be seen that the methods instigated by us have been, with some modifications, adopted by the Committee for the Investigation of Atmospheric Pollution, and have been decided on as the standard methods for use by authorities throughout the country which are co-operating with the committee by taking observations in their respective districts. The collection of such materials will be most instructive, and this decision means that a real attempt has been begun towards relieving the atmosphere of our towns and cities of the danger, inconvenience, and nuisance caused by smoke contamination. In his paper on "New Methods of Ventilation," Mr. James Keith, A.M.I.C.E., M.I.M.E., a well-known authority, describes new ventilating apparatus which appears to effect a degree of efficiency of ventilation that has not been reached before. The principle is attained by the use of special fans, and therefore is based upon what is known as the plenum system, the advantages of which are fairly stated. It will be gathered from a perusal of this paper that Mr. Keith keenly appreciates the hygienic value of an abundant supply of pure air, and shows also a clear understanding of the principles involved in healthy human respiration. As we have said, these two articles have something in common, and it will be generally admitted, we think, that they deal with questions of hygiene of the greatest importance to the community.

—*Lancet*.

## SOCIETY'S MEETING.

### BRITISH HOMŒOPATHIC SOCIETY.

THE first meeting of the Session took place on October 2nd, when a large number of members were present. After the preliminary business, Dr. R. Day made a statement as to the proposed Children's Dispensary at Shepherd's Bush, mentioning the good response to appeals and the forward state of the preparations. Dr. Hare showed some interesting pathological specimens. Dr. Burford called attention to the recent refusal of Homœopathic treatment to one of the Suffrage prisoners and proposed that the B.H.A. be requested to move in the matter. Dr. Frank Shaw seconded, and the proposal was adopted.

Dr. Vincent Green, the president, then delivered his presidential address on Adolescence. He began by remarking on the importance of this life-period and the little special attention paid to it. Its chief physical feature is growth in height and weight, and the significance of a due relation between the two was insisted on. Dr. Green then spoke of the close relation at this time between physical and mental growth. Within limits to help one is to help the other. Poverty leads to increased sexual activity. The critical adolescent age is about seventeen, when increased susceptibility leads to unstable equilibrium. The importance of environment to the adolescent was mentioned. Excessive brain work is adverse to bone development. Adolescence is a time of increasing metabolism, and increasing blood pressure and lung capacity. The bearing of the latter point on the wearing of corsets is obvious. The activities of the ductless glands play an important part and the work of *Thyroid* and *Thymus* was noted. Motor reactions should be trained to finer issues at adolescence and not before. Gymnastics for children were condemned. The importance of farm life as a motor training was brought forward, and in cities dancing and other rhythmic trainings were advocated, and for contest training (valuable in the lecturer's opinion) boxing for

boys and fencing for girls. A spirit of co-operation should be fostered. Next the advantages of cold bathing and swimming, and their bearings on sexual development were considered, and the president passed to the subjects of hygiene and education. The need of more freedom for girls in their adolescent education was particularly advocated. The ailments of adolescence and their remedies, and a survey of the vices and crimes of that period, and of the best way to deal with them concluded one of the most original and interesting Presidential addresses of recent years.

A hearty vote of thanks was passed by the meeting, on the motion of Dr. Byres Moir, seconded by Mr. Dudley Wright—and the President responded. The members of the Society and several visitors were the guests of the President at dinner at the Holborn Restaurant, after the meeting. A very enjoyable evening was spent, and various toasts proposed and honoured. The Dudgeon Cup for the Golf Tournament was presented to the winner, Dr. Ramsbotham.

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*Agaricus*.—Nosebleed in old people, with relaxed state of blood vessels.

*Xerophyllum tenax* (basket grass flower, or mountain lily).—The Indians dig up this plant, bleach its long fibrous leaves, dry them and weave them into small baskets, cups and ornaments. Some people call it squaw grass. At 4,000 feet altitude, scattered over thickly wooded slopes, this ever-green bunch grass-like plant grows must thriftily. After several years a number of stocks shoot up from one set of bulbs, after then the plant rests a few seasons.

In the more abundant places the stock grows three to four feet tall, covered with its hundreds of tube-like flowers of waxy cream tint, almost white. This is the most spectacular flower of the mountains. It grows prettiest at an altitude of over 5,000 feet, where it has shorter stem and better form, but is very scarce. The stock then assumes a wine-colour tint on sunny side. On close examination, as well as at a distance, this plant is always a winner.

The drug has been partially proved by some students of Hahnemann College of the Pacific, and found to produce marked skin symptoms, resembling those produced by *Rhus*. Erythema, vesication and intense itching, stinging and burning. Skin rough and cracked. Muscular lameness, pain in limbs and knees. Sixth potency.

## BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED).

RECEIPTS FROM SEPTEMBER 16TH TO  
OCTOBER 15TH, 1913.

### GENERAL FUND.

#### *Subscriptions.*

	£	s.	d.
Thomas Burberry, Esq. .. .. .	1	1	0
Miss Ford Barclay .. .. .	1	1	0
Dr. A. H. Croucher .. .. .	1	1	0
The Misses Morehead .. .. .	2	2	0
Miss E. H. Burney .. .. .	1	1	0
Mrs. Scharlach Dainton .. .. .	1	1	0
Mrs. Welbury Mitton .. .. .	1	1	0
Mrs. Budden .. .. .	1	1	0
Miss K. L. Beard .. .. .		5	0
Miss Ramsey .. .. .	1	10	0
Dr. Stonham .. .. .	1	1	0
Mrs. Tuppen .. .. .	1	1	0
Miss A. de Sêlincourt .. .. .	2	2	0
Walter Langton, Esq. .. .. .	1	1	0
Miss Gibb .. .. .		5	0
H. Mayfield, Esq. .. .. .	1	1	0
G. K. Smith, Esq. .. .. .	1	1	0
Dr. Jessie Murray .. .. .	1	1	0
Miss J. Turner .. .. .		5	0
Mrs. Cates .. .. .	1	1	0
Dr. Cavendish Molson .. .. .		10	6
Dr. J. T. Finlay .. .. .	1	1	0
Mrs. Warren .. .. .		10	6
Col. Clifton Brown .. .. .	5	5	0
Miss E. C. G. Bell .. .. .		10	6
Dr. A. Ross .. .. .	1	1	0
Wm. Foat, Esq. .. .. .	1	1	0

#### *Donations.*

William Hood, Esq. .. .. .	1	0	0
W. S. Cuff, Esq. .. .. .		10	0

### NATIONAL HOMŒOPATHIC FUND.

#### *Subscription.*

Mrs. S. H. Green .. .. .	1	1	0
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The usual Quarterly Meeting of the Council was held at Chalmers House on October 14th.

The usual Monthly Meeting of the Executive was held at Chalmers House on September 16th; also an Emergency Meeting on September 30th.



The Session's Introductory Lecture was given at the London Homœopathic Hospital on October 8th by Dudley D'Auvergne Wright, Esq., F.R.C.S.

The first of a course of five lectures, on the History, Theory and Practice of Homœopathy, by Dr. C. E. Wheeler, will be given at Chalmers House on Wednesday, November 12th, at 5 p.m. This first lecture is entitled "Hahnemann and the Birth of Homœopathy."

*Castor equi* 3—has been prescribed for psoriasis linguæ of very obstinate character with perfect success on account of its general action on thickening the skin and epithelium.—*Sieffert*.

*Acetic Acid*.—*Aconite* has been frequently administered in cases where *Acetic acid* was the proper remedy. The *Acetic acid* patient is pale, emaciated; seldom or never fat, and of a waxen colour; its mental state is apt to be one of anxiety—worry about sickness or affairs—and irritability. The *Aconite* symptoms appear suddenly and are violent (the reverse of *Acetic acid*); the patient is not pale or emaciated; rather red, florid, and plethoric; is anxious, that is, fearful, timid, afraid he will die, afraid of everything, is restless. Both *Aconite* and *Acetic acid* have thirst, the latter very markedly, and here it differs from *Apis*. *Apis* patient is also pale, waxen, but more apt to be puffed in appearance than emaciated. In dropsies the emaciation and thirst of *Acetic acid* differ from the puffed, swollen face and the lack of thirst of *Apis*. *Acetic acid* has a nervous headache from abuse of narcotics; from abuse of alcohol, coffee, opium or tobacco. (*Asarum*, *Caladium*.) Pain across root of tongue, impending speech and motion of jaw. (Sulphur: dull pain in root of tongue, worse evening, obstructing speech.)

Thirst intense, insatiable; cries loudly for water at night, notwithstanding has drunk copiously. In dropsies, diabetes insipidus, chronic diarrhœa, greatest thirst; in fevers there is no thirst.

In croup there is a hissing respiration, with rattling in throat, worse at each inhalation (*Aconite* at each exhalation). A white film low down in fauces.

If thirsty, water is swallowed with difficulty, Hydrophobia patient springs out of bed and crawls on the floor howling with pain. (*Arsenic*, rolls about the floor with despair of life from pain in abdomen.)

Patient cannot sleep lying on back, feels as if abdomen were sinking in, causing difficult breathing; rests easier lying on abdomen. Sleep is poor, is disturbed without known cause.

Hæmorrhages from nose, lungs, bowels, hæmorrhoids, uterus, etc., in debilitated, pale, thin persons, with a waxy appearance. Is useful after stings, bites, etc.—*Medical Century*.

## REVIEW.

### THE ORGANON OF THE RATIONAL ART OF HEALING.\*

HAHNEMANN was a scholar as well as a scientist, and he doubtless had in mind both Aristotle's "Organon of Logic," and Bacon's "Novum Organum," when formulating his guiding principles in the art of healing. Hahnemann acknowledged if he did not state in words, that "no syllogism was scientific unless its premises were true," and accepted and made use both of the old deductive logic and of Bacon's inductive reasoning.

One of the most surprising features of Hahnemann's *Organon* is the enunciation of scientific and medical principles which remain true in fact and substance after a century, though science and medicine have changed out of recognition in that time. These principles, based on observed facts and sound reasoning, reasserted to-day in terms of modern science are intelligible and valid. The unbiassed mind marvels at his perspicacity.

The object of this notice, however, is not to discuss Hahnemann, or even his *Organon*, but to draw attention to this new edition of it. There are not a few "straws" floating on the stream of time which indicate a change in the direction of that current which represents the potentiality of truth and freedom in the scientific world, and in particular in the domain of medicine. Of these, one of the most important is the publication of Hahnemann's *Organon* in the "Everyman Library" of world literature. This is the first time that a work of Hahnemann's has been presented to the public amongst standard literature in a non-polemical fashion. As far as Homœopathic institutions and firms have been able to secure it, Hahnemann's works have not lacked publicity, but it is to be feared that they have reached only a limited number of the medical profession. Here, at the nominal cost of one shilling, any intelligent reader can view the foundations of the system of

\* By Samuel Hahnemann. London: J. M. Dent & Sons, New York: E. P. Dutton and Co. Price 1s. net.

homœopathy, whose corner stone was laid more than a hundred years ago.

This edition differs in some respects from previous American and English versions, in being translated from the first German edition of 1810. In subsequent editions Hahnemann incorporated some of his later theories as to the nature of Chronic Diseases, which are of a more controversial nature than the first principles of rational medicine.

Dr. Wheeler has conferred two great services on the reader. In the first place he has taken the cumbrous and involved language in which Hahnemann clothed his hard reasoning and has supplied a free and fluent translation which is a pleasure to read. By so doing he has really enabled us better to follow his author's train of thought than by too literal a rendering. Yet we are presented with a translation strictly speaking, and not with an unlicensed floral paraphrase.

Next, Dr. Wheeler, thoroughly entering into the spirit of Hahnemann's teaching, has furnished a concise, historical and exegetical Introduction, and a number of illuminating notes. The reader studying the *Organon* for the first time, finds Hahnemann's great thoughts presented to him in a modern terminology which may save him much erroneous speculation as to the meaning of the text. If this is welcome to the medical man approaching the *Organon* in a critical, but not a carping spirit, it is doubly useful to the layman, who will find a mine of treasure in these pages—not as to how to cure individual diseases, but as to how to view disease processes and nature's curative efforts. Nothing but good can come to the community by having such a volume made accessible to them, and it is to be hoped it will be widely read in all English-speaking countries. There must be also scores of homœopathic physicians in England and America to whom the *Organon* is less familiar than it should be. It is just possible that in this first edition we lose some of Hahnemann's own notes which seem to have been appended later—for instance his *tolle causam* axioms, which have protected his teaching from misrepresentation and calumny.

It is not unlikely that to many readers the papers

from Hahnemann's Lesser Writings (Dr. Dudgeon's translations), which form an appendix to the volume, will be read with greater interest and understanding than will the *magnum opus*. His advanced and humane views on the treatment of the insane, his teachings on sanitary science, his prophetic pathology of cholera, anticipating Pasteur and Lister, though without their training and scientific apparatus, will excite surprise and admiration in the mind of the reader. His reputation as a scientific physician and thinker will be enhanced by these accessory writings, and an added confidence will be yielded to his therapeutic system. The last-named is thrown into high relief when contrasted with the medicine of his own time, as portrayed in "Æsculapius in the Balance."

The British Homœopathic Association has shown its wisdom in encouraging the publication of this work. The thanks of the whole homœopathic public are due to the erudite and versatile translator and editor, for the most admirable way in which he has executed the task—one of his many self-sacrificing contributions to the cause of truth and liberty of judgment in medicine.

E.A.N.

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*Iberi's amara* possesses great efficacy in cardiac diseases. It may prove of use in the paroxysmal attacks of dyspnœa that are so common in cardiac dilation and which are so often difficult to cure, that is, to prevent recurring. The first dilution has been used. We lack clinical data in the recorded cases to be found in our literature. In our own experiences we have noted the following facts: When the attacks begin about 2 a.m., the patient being awakened by palpitation or violent action of the heart. No pain. Then comes a tickling in the larynx, then the throat and trachea seems to fill with mucus, which is expectorated as a white, frothy sputum. The cough is severe and causes redness of the face. Then dyspnœa is severe for one or two hours, with profuse sweating of the whole body, with coldness of the lower limbs and of the hands. The patient cannot lie, but sits up slightly bent forward. The main lesion found in the heart is dilation with evidently some hypertrophy.

*Grindelia*.—The cough is at first dry and wheezing, without expectoration and asthmatic. Patient fears going to sleep on account of loss of breath which awakens him.

## CORRESPONDENCE.

The New Hotel, Jaipur,  
Rajputana,  
June 25th, 1913.

[TO THE EDITOR OF THE "HOMŒOPATHIC WORLD."]

DEAR SIR,—Dr. Joseph Rieger's *Lachesis* case in your May issue reminds me of a susceptible patient I had once in Calcutta. A nurse newly married got a great shock in an earthquake, and severe Chorea developed. The movements used to almost jerk her out of bed. I gave her *Ignatia*, being a beginner in Homœopathy, and suggested a consultation with that experienced Hahnemannian, Dr. W. Younan. His prescription was *Arsenic*, which he administered on the spot—a dose, two globules of *Arsenic 2c* and S. L. powders. The patient got well as though by magic, and curiously enough asked me some time after, if we had given her *Arsenic*, because she felt her eye-lids gritty, just as she always did when she took *Arsenic*. I did not enlighten her.

Yours, etc.,  
J. E. SYRES, M.D.

Hahnemann Hospital,  
Hope Street,  
Liverpool,  
10th October, 1913.

[TO THE EDITOR OF THE "HOMŒOPATHIC WORLD."]

SIR,—The Committee of the Hahnemann Hospital, Liverpool, have advertised for some time past for a House Surgeon, but without success, and they now venture to lay their case before you, and to ask that you will mention the matter to anyone who you think would be willing to give consideration to their offer, which is :

A salary at the rate of £150 per annum for a legally qualified and registered medical man, with board, residence and laundry in the Hospital if desired—the House Surgeon to act as Anæsthetist, and to visit patients within a definite area in the Hospital district.

Both in the Hospital and Dispensary, ample opportunity would be found to study the application of the Homœopathic principle of Medical treatment, and in our city there is plenty of scope for the establishment of a practice.

I need not say that our medical men would give every encouragement and assistance to any Doctor who came to occupy the position of House Surgeon in our Hospital.

Applications would also be entertained from legally qualified and registered Lady Doctors.

I have the honour to remain,

Yours sincerely,

J. CARLTON STITT,  
*Chairman of the General Committee.*

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#### THE FOLKESTONE HOMŒOPATHIC DISPENSARY.

[TO THE EDITOR OF THE "HOMŒOPATHIC WORLD."]

SIR,—I shall be grateful if you would permit me, through the medium of your columns, to inform those of your readers who are interested in the Folkestone Homœopathic Dispensary that it is now located at 44, Cheriton Road. The removal of the institution from its old quarters (11, The Parade, The Bayle) was necessitated by the fact that, the responsible tenant there having given notice to quit, no other similar tenant, from whom rooms could be sub-rented, seemed to be forthcoming. In the opinion of the Committee, the position now occupied will not only permit of the work being carried on just as before, but is a distinct improvement in many ways.

It was thought by some that the passing into law of the National Insurance Act would either do away altogether with the need for such an institution, or else greatly diminish its operation. This, however, is a complete misapprehension. The clients of the institution, are, as a matter of fact, mostly patients who, as being either under or over age, are non-insurable. The Committee hope, therefore, that those who have

hitherto supported this charity will continue their kind subscriptions, and that others, who have not, perhaps, so far known of its existence, may see their way to become subscribers, too.

A pleasing incident connected with the removal has been the gift of £5 to the funds of the institution. This donation, in the form of a five-pound note, was left in the letter-box at 44, Cheriton Road, in an envelope addressed to the care of the Medical Officer. No name having been given, and the address being apparently in a disguised hand, it would seem that the generous donor wished to remain anonymous. The Committee would desire to take this opportunity of expressing their sincere gratitude for the gift.

Yours faithfully,

A. LEWIS INNES.

*Hon. Sec. Folkestone Homœopathic Dispensary.*

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## VARIETIES.

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NEW LIGHT ON THE PROBLEM OF PARASYPHILIS.—Of the many fertile discussions which marked the proceedings of the recent International Congress of Medicine one of the most instructive was that held at the last meeting of the Section of Neuropathology, on the nature of the condition known as parasyphilis. For years the medical profession has been taught, and has believed that tabes dorsalis, general paralysis of the insane, primary optic-atrophy—to mention only a few conditions—were diseases to be rigidly separate from cerebrospinal syphilis, inasmuch as though they were almost certainly of syphilitic origin, they were uninfluenced by anti-syphilitic treatment, they ran a progressively degenerating course, and in many instances they developed at an extremely long interval after the primary infection. In fact, parasyphilis has always been regarded in a general sense as a morbid condition not exactly syphilitic, but post-syphilitic. With the discovery of the spirochæta pallida, however, the situation has been changing, and at the present time views are changing with great rapidly. The mere fact that the Wassermann reaction is positive in 95 per cent. or more of general paralytics is of itself a sufficient reason for regarding so-called "parasyphilis" with suspicion; all analogies suggest that where such a reaction is positive the actual toxic agent cannot be absent or in abeyance. The fact suggests, in short, that general paralytics are actively syphilitic. At the beginning of this year Noguchi described the occurrence of the spirochæta pallida in the brains of some twelve cases of general paralysis out of some seventy examined.

Noguchi and Moore also found the organism in the cortex of other cases. In March, Marinesco and Minea confirmed the observations. In May, Marie, Levaditi, and Bankowski also discovered the spirochæta in the cortex and subcortical tissues of three cases of the disease. Both Levaditi's silver method and the Chinese ink method of Burri were utilized for the purpose. At the meeting of the Psychiatry Section of the Congress at Claybury Dr. F. W. Mott exhibited specimens of the spirochæta in smears from the cortex of general paralysis treated with Indian ink. In one of the cases recorded by Marie, Levaditi, and Bankowski the spirochætæ in the frontal cortex were still actually mobile. Such facts obviously are of paramount importance. They are calculated to revolutionise the accepted opinions on the nature of parasyphilis. At the meeting above referred to Dr. Nonne, of Hamburg, an acknowledged authority on the whole subject, mentioned quite recent experiments in which guinea-pigs had been rendered syphilitic by means of the serum of general paralytics, the spirochæta being recovered in their testicular tissue. At the same eventful meeting of the section Dr. Swift, of the Rockefeller Institute Hospital, said he had just received a further communication from Noguchi to the effect that he had successfully inoculated rabbits with the cerebral substance of general paralytics and had recovered the spirochæta in their tissues. In view of such experimental and pathological data it is little wonder that at the meeting more than one authority expressed the view, which not a few neurologists now are inclined to favour, that so-called parasyphilis is really parenchymatous syphilis—*i.e.*, syphilis of the nerve elements themselves—whereas so-called cerebrospinal syphilis is syphilis of the supporting or interstitial structures. If the spirochæta is found with any regularity and certainty in the brain of general paralytics, why do these not respond to antisiphilitic treatment? It is now known that the spirochætæ lie free in the cortical and subcortical tissue spaces, away from blood-vessels, and that they cannot therefore be reached by *arsenic* and other medicaments presumably exerting their effects *via* the blood stream. For the last two years Dr. Swift has been working in the Rockefeller Hospital at a novel method of reaching the spirochæta in these diseases. An injection of salvarsan is given intravenously to a patient suffering with, say, general paralysis. One hour later his serum is withdrawn, centrifugalised, diluted with saline, heated to 56°C. for half an hour—a proceeding which Dr. Swift has shown greatly increases its spirochæticidal properties—and is injected into the cerebrospinal fluid directly by lumbar puncture. In all but three of thirty-two cases thus treated Dr. Swift has seen a marked modification of the Wassermann reaction, which either becomes feebly positive or negative. If these results are corroborated it is clear that we shall have to modify our views on the hopelessness of anti-syphilitic therapeutics in general paralysis. In any case, the problem of parasyphilis is in a fair way of being solved, and we may well expect that ere long another chapter of neuropathology will have been entirely rewritten.—*The Lancet*.



**THE ALBUMIN REACTION.**—The presence of albumin in the sputum as an aid to the diagnosis of active pulmonary tuberculosis has been credited and discredited by a number of physicians during the past decade. In *The Lancet* of August 9th we published a contribution to the subject by Dr. Percy B. Ridge and Dr. H. A. Treadgold. Attention to the literature dealing with the diagnostic significance of albumin in the sputum revealed a degree of confusion as to the interpretation of results obtained on a material of 2,000 cases. Dr. Ridge and Dr. Treadgold therefore decided to examine at least an equal number of specimens of sputum themselves with a view to establishing a relation between active pulmonary tuberculosis and the appearance of albumin in the sputum and the pathological condition associated with albuminous sputum. The authors insist on the necessity of discarding all clear mucin and selecting only muco-purulent portions of the sputum for examination. If this precaution is taken they find that 98.9 per cent. of specimens of sputum containing tubercle bacilli also contain albumin. The method also revealed the presence of albumin in the sputum recovered from cases of pulmonary oedema, bronchiectasis, pulmonary neoplasm, lobar pneumonia, broncho-pneumonia, and aneurysm. We are of the opinion that the value of these observations would have been enhanced had the authors carried out a series of tests on groups of patients over a long period in relation to the progress or retrogression of the pathological conditions under the influence of treatment. With reference to the pathological condition associated with the appearance of albumin in the sputum, Dr. Ridge and Dr. Treadgold believe that it is of the nature of an alveolitis. They base their opinion on the fact that in specimens containing albumin there is a relative increase in the number of alveolar cells, and that the cases producing this sputum show clinical evidence of consolidation of some portion of the lung. The authors do not state what experimental evidence has led them to this conclusion, nor do they define what they mean by alveolitis or alveolar cells. Much careful investigation is necessary before their conclusions can be accepted as a fact, but they are to be congratulated on an arduous piece of work faithfully performed. Whether the appearance of traces of albumin associated with a relative increase in "alveolar" cells in the sputum will eventually be shown to be of significance in the early diagnosis of pulmonary tuberculosis remains problematical.

*The Lancet.*

**RELAPSING FEVER IN CENTRAL AMERICA.**—At the present moment little is heard of the ravages of relapsing fever in Europe, though during last century there were some very severe epidemics in our own country, particularly in Ireland and Scotland. More recently Russia has had some unpleasant experiences of the malady. At one time the origin of this scourge was attributed to famine, but it is now recognised that the malady is a form of spirochætosis and that its spread, in Europe at all events, is associated with the bites of infected lice or bugs, though in America

the transmission of the malady is attributed to ticks. During the interesting discussion on relapsing fever which took place in the Tropical Medicine Section of the International Congress of Medicine in London, Dr. S. T. Darling, chief of the laboratory staff of the Isthmian Canal Commission, stated that since the American occupation of Panama the disease had never succeeded in obtaining a foothold, notwithstanding that it had been introduced repeatedly into the Canal zone by labourers from South America, and especially from the adjoining Republic of Colombia, of which Panama at one time formed a part, and where the malady is well known to be endemic. Dr. Darling says that in his experience white men are more susceptible to this disease than the coloured races, the observed attacks being in the proportion of nine of the former to four of the latter. The white man contracts this infection in the same way as he does certain others in the tropics, by his visits to the native villages. It has been established beyond dispute that the specific parasite of relapsing fever in Colombia (as in the United States) is *spirochæta novyi*, and that its transmission is due to a tick, *ornithodoros tourichatus*, which infests the huts of the natives; while in Panama, though the Parasite is the same, the transmitting agent is a different tick, *ornithodoros talaje*. Dr. Darling directs special notice to the fact which, he thinks, has not received sufficient attention—namely, that the forms of relapsing fever met with in Europe, America, and Africa, each due to a different *spirochæta* (respectively *spirochæta recurrentis*, *spirochæta novyi*, and *spirochæta duttoni*), display differing types of the febrile paroxysm. Some American text-books of medicine, while describing the American form of relapsing fever, give, it seems, illustrative charts of the temperature taken from cases of the European variety of the disease. For this reason Dr. Darling believes that cases of American relapsing fever may be overlooked, and owing to the "spiked" character of their temperature charts may be mistaken for malaria or some other kind of fever. It is probably due to the excellence of the general sanitary measures, carried out in the Panama Canal zone by the specially skilled staff, of whom Colonel W. C. Gorgas is the distinguished chief, that relapsing fever has never made any headway, though repeatedly imported into that region from the neighbouring republic of Colombia where, apparently, little or nothing is done to interfere with the spread of the malady, or to prevent its exportation to adjoining countries.

**BACILLUS CARRIERS.**—We have on several occasions referred to the cases of individuals who, although themselves perfectly healthy and able to carry on their usual avocations, nevertheless harbour pathogenic micro-organisms, and may thus be the source from which a more or less widespread epidemic may arise. For instance, in *The Lancet* of February 10th, 1912, p. 382, we related an instance which occurred in America in which the origin of an epidemic arising in 1909 was traced to a dairyman who had suffered from typhoid fever in 1863 or 1864. Numerous cases of

carriers of the bacillus of typhoid fever have now been recorded. Similarly, diphtheria carriers have frequently been observed, whilst observations have shown that the germs of cholera and paratyphoid fever may be conveyed in the same manner. There is reason to believe also that tubercle bacilli may exist for many years in the lungs of an individual who is free from symptoms of the disease. Patients are known who have had the physical signs of old tuberculous lesions in the lungs for from fifteen to twenty years, and yet whose sputum, when obtainable, is found to contain the bacilli, and therefore such persons are a possible source of infection. The difficulties of dealing with carriers are very great, and the measures recently adopted with a typhoid carrier in Manchester mark a new and important precedent in this respect. A woman who lived in one of the large working-class districts in that city supported herself by keeping lodgers. One of the lodgers developed typhoid fever. The woman was found to be a typhoid carrier. She was placed in a hospital for two months, during which time she underwent treatment with a vaccine. On her discharge typhoid bacilli were absent from the stools, but after a week a few colonies were grown, and these increased in number during the second and third weeks. The health authorities considered that she was a danger to those staying in her house, and thus she is now to be given 7s. a week, so that with her old-age pension she would be independent of lodgers. The proposition has naturally been made that carriers should be so dealt with that they are no longer sources of infection to the public, but the means whereby this can be done bristles with difficulties. The plan adopted by the Manchester health authorities is the first attempt in this direction, and it will be interesting to watch further developments, for under the scheme adopted but little hardship is placed on the woman, yet by forbidding her to take lodgers for whom she would have to cook and generally provide service some restriction is placed on the risk of her carrying infection to others. Yet the public safety from her is only relative.—*Lancet*.

*Bursa pastoris*.—An excellent remedy in metrorrhagia. The greatest benefit follows the administration of this remedy in cases of passive knowledge generally, not especially in too frequent and too copious menstruation, when this appears in persons of relaxed constitution. If it be given during two or three menstrual periods, it will certainly cure the disposition to profuse bleeding. It is a good remedy for both renal and vesical irritation, at the same time promoting the functional activity of the kidneys to a great extent. The increased flow of bland urine frequently relieves the incontinence of the aged, and especially of old women, who, through irritation of the bladder, kidneys and chronic cystitis, or nephritis, are unable to retain the urine. Amongst the principal indications are frequent desire to pass water, the urine being heavy, with a heavy brick-dust phosphatic sediment. In ascites, astonishing results have followed its use. As it possesses anti-hæmorrhagic properties, it will thus be found of great value in checking hæmaturia.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET,  
BLOOMSBURY.

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TO CONTRIBUTORS.—Reprints of articles can be ordered from the publishers, on application not later than eight days after publication.

MEDICAL AND SURGICAL WORKS PUBLISHED  
DURING THE PAST MONTH.

- Bacteriology** of Diphtheria (The). By various writers. Re-issue with Supplementary Bibliography. Roy. 8vo. (Camb. Univ. Press. Net 15s.).
- Ball** (J. M.). Modern Ophthalmology. 3rd ed., revised and enlarged. Royal 8vo. (S. Phillips. Net 3rs. 6d.).
- Bernheim** (B. M.). Surgery of the Vascular System. (Lippincott. Net 12s. 6d.).
- Binnie** (John Fairbairn). Manual of Operative Surgery. 6th ed., revised and enlarged. Roy. 8vo., pp. 1,266. (H. K. Lewis. Net 30s.).
- Bourne** (Alec. W.). Synopsis of Midwifery. Cr. 8vo., pp. 220. (Simpkin. Net 5s.).
- Bulkley** (L. D.). Diet and Hygiene in Diseases of the Skin. 8vo. (Baillière. Net 6s.).
- Daniels** (C. W.). Tropical Medicine and Hygiene. Part I: Diseases due to Protozoa. 2nd ed. 8vo. (Bale. Net 7s. 6d.).
- Fitch** (W. E.). The New Pocket Medical Formulary. With an Appendix. 2nd ed., revised. Cr. 8vo., leather. (S. Phillips. Net 8s. 6d.).
- Greeff** (P.) and Others. Guide to the Microscopic Examination of the Eye. 4to. (G. Putnam. Net 7s. 6d.).
- Index** of Differential Diagnosis of Main Symptoms (The). By Various Writers. Edited by Herbert French. Re-issue. 8vo., pp. 1,030. (Simpkin. Net 30s.).
- MacCallan** (A. F.). Trachoma and its Complications in Egypt. 8vo., pp. 82. (Camb. Univ. Press. Net 7s. 6d.).
- Nicholson** (P.). Blood Pressure in General Practice. Cr. 8vo. (Lippincott Net 6s.).
- Pegler** (L. H.). Anatomy and Physiology of the Fifth Cranial or Trigeminal Nerve and of its Ganglia and Connections. A chart 48in. by 60in., 2rs. net. Ditto. Dissected and annotated on linen in portfolio. (Baillière. Net 2rs.).
- Simon** (C. E.). An Introduction to the Study of Infection and Immunity. 2nd ed., revised and enlarged. 8vo. (Baillière. Net 14s.).
- Stitt** (E. R.). Practical Bacteriology, Blood Work and Animal Parasitology. 3rd ed., revised and enlarged. Cr. 8vo, pp. 426. (K. H. Lewis. Net 6s. 6d.).
- Studies** in Cancer and Allied Subjects. Vols. I. and III. 4to. (H. Milford. Net 2rs. each).
- Trotter** (Leslie B. C.). Embolism and Thrombosis of the Mesenteric Vessels. 8vo, pp. 156. (Camb. Univ. Press. Net 8s.).

## TO CONTRIBUTORS &amp; CORRESPONDENTS.

ALL literary matters, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. C. E. WHEELER, 35, *Queen Anne Street, Cavendish Square, W.*

Letters to the Editor requiring personal reply should be accompanied by stamped directed envelope.

All advertisement and business communications to be sent to the "MANAGER" of the Homœopathic Publishing Company, 12, Warwick Lane, Paternoster Row, London, E.C.

LITERARY matter and correspondence should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the *Editor* as early as possible.

## CORRESPONDENTS.

J. Nichols, Esq., Toronto  
—J. Roberts, Esq., Bridgetown  
—Dr. N. Ray, India—Dr. D. Mattoli, Florence—J. Carlton Stitt, Esq., Liverpool—Dr. Stephenson, New Zealand.

## BOOKS AND JOURNALS RECEIVED.

Brit. Hom. Review.—Revist. Hom.—Med. Times.—Allg. Hom. Zeit.—Med. Advance.—The Chironian.—La Homœopatla.—Ind. Hom. Rev.—Hom. Envoy.—The Chemist and Druggist—Médical Century.—Rev. Hom. Française.—H. Recorder.—L'Omlopatia in Italia.—Revista Hom. de Pernambuco.—N.A.J. of H.—New

Eng. Med. Gaz.—L'Art Médical.—Hom. Jour. of Obst.—Annals de Med. Hom.—Century Path.—Hahnemannian Mon.—Pacific Coast Jour. of H.—Journal B.H.S.—Zoophillist—Calcutta Jour. of Med.—Le Propagateur de L'Homœopatie.—Från Homöopatien Värld.—Journal of the American Institute of Homœopathy.—Eczema: Bernstein.—Indian Homœopathic Reporter.—La Critica.—The Homœopathician.—Iowa Homœo. Journal.—The Diagnosis of Fevers of Obscure Origin: G. H. Wells.—Diseases of the Skin: Dearborn.

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Some Pacific Coast Medicines. By William Boericke, M.D., San Francisco.

## BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED):

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## EXTRACT:

Colloid Selenium in the Treatment of Cancer.

## OBITUARY:

Miss Leaf.

## VARIETIES.

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# THE HOMŒOPATHIC WORLD.

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DECEMBER 1, 1913.

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1914.

THE close of one year leads us to look forward to the next, and the Editor hopes in 1914 that the WORLD will present features to interest both its medical and its lay readers. There is much interesting material to come from the 1913 Congress, and as the Congress of 1914 meets in London it is hoped that it will be fruitful in achievement and in suggestion. The Editor ventures once more to urge that case records, even isolated ones, if well reported are of supreme interest, and surely even busy and overworked practitioners could occasionally supply news of their interesting experiences.

— — — — —  
J. H. McCLELLAND.

THE news of the death of Dr. J. H. McClelland will come as a blow to many in England. As the President of the International Congress of 1906 it fell to him to open the proceedings here in 1911, and no man ever filled a place of prominence with more tact and dignity. To know him was to appreciate both man and physician, and his wisdom, courage and energy will not readily be replaced. He was deeply interested in all the doings of International Homœopathy, and was one of the men who can least well be spared, now that the task of concentrating our scattered forces is much in our minds. Let us pay the best tribute to his memory, by redoubled exertions to forward the cause for which he lived.

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NEWS AND NOTES.

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## LONDON HOMŒOPATHIC HOSPITAL NEWS.

LORD DONOUGHMORE, the Treasurer of the London Homœopathic Hospital, Great Ormond Street, W.C., has received a cheque for £1,000 from Mrs. Jane Paterson Williams (*née* Chalmers) per Dr. George Burford, to endow the "Andrew Crichton Chalmers Bed" for a female patient in one of the paying rooms of the Hospital. This is to enable indigent ladies of the Professional and Governess class to be admitted to the privacy of a Private Room in the Hospital at a reduced charge per week. This makes the second bed endowed in these paying rooms.

The Board of Management are at the present moment making an urgent appeal for £16,675, to complete the New Home for Nurses, and to open a New Children's Ward in the New Wing lately added to the Hospital, which is much needed. The Ward is to be named, by the gracious consent of the Queen Mother, "The Queen Alexandra Ward."

Some £10,500 has already been paid, and Lord Dysart has promised the last £1,000 if the remaining £6,000 is contributed by December 31st next.

Donations may be sent to the Treasurer or to the Secretary, Mr. Edward A. Attwood, at the Hospital.

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FRANCIS THOMPSON.

FRANCIS THOMPSON has found a belated but well-deserved fame, and his name at the moment is in all men's mouths. It is interesting to learn from his biography that his father was a homœopathic physician, though the son never had any leanings towards the Art and Science of Medicine.

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THE CAUSE OF DISSEMINATED SCLEROSIS.

Recent experimental work by Dr. Bullock has discovered evidence of value that the disease may be due to a living organism. If this were established it would justify hopes of developing a body resistance to the germ, and a cure or marked relief of cases. Some

results which we have seen from homœopathic treatment even in well-established cases have been both striking and suggestive of better possibilities.

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#### HOMŒOPATHY IN THE POULTRY YARD.

A correspondent in India (Dr. Sykes) reports success in the treatment of Diarrhœa in fowls, achieved by a friend of hers by means of *Arsenicum*. The disease is often fatal, so that the success of the treatment was very gratifying.

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#### AN INTERESTING LETTER.

HERE is a communication that should be noted :—

#### THE OATMEAL INSTINCT IN HYPOTHYROIDISM.

[TO THE EDITOR OF "THE MEDICAL PRESS AND CIRCULAR."]

SIR,—Recent experiments of the American Board of Health have shown that mice fed on oatmeal can take with impunity a dose of prussic acid forty times as great as that which would prove fatal to the ordinarily fed animal. It is further found that the effect of the oatmeal is not only a chemical reaction, but an increase in the activity of the thyroid gland.

I have under my care a patient suffering from hypothyroidism, and she evinces an extraordinary craving for oatmeal. This has often been noticed in anæmic and chlorotic conditions, and must be, I think, a physiological instinct for food substances which activate the thyroid gland, of which the secretion is usually subnormal in these cases.

I am, Sir, yours truly,  
J. C. McWALTER, M.D.

Dublin,  
September 28th, 1913.

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#### THE MEHNARTO SERUM.

YET another serum for Tuberculosis. It is called *contra toxin*. The idea underlying *contra-toxin* is "to use the serum of a warm-blooded animal naturally immune to a certain disease, and to sensitize or correct that serum by the addition of other sera which will prevent the hæmolytic and anaphylactic tendencies of the original serum without impairing its bactericidal qualities."

The theory seems to be to neutralize the toxin of *Tubercle* directly, but it is noticeable that a reaction



(aggravation) often follows the first dose, which at least rouses the suspicion of a certain element of Homœopathicity in the treatment.

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PLUMBUM—SATURNINE POISONING, WITH MENINGITIS,  
ANÆMIA AND JAUNDICE.

MM. Bernard and Traisier give the following account of a case of lead poisoning with marked cerebral symptoms, due, at least, in part, to meningitis as demonstrated by an examination of the cerebro-spinal fluid. The patient was a worker in a pottery, was an alcoholic, and had had ague years previously. He was admitted into hospital on April 20th, 1907, complaining of headache, giddiness, and mental obfuscation, following upon an epileptiform seizure, which had occurred whilst at work the day before. When admitted he was seen to be plunged in a very pronounced condition of mental hebetude, almost verging upon coma. When questioned, however, he answered correctly, though with an effort. There was no loss of memory, and he was able to give his history. Unlike his fellow workmen, he had never had either colic or palsy, but had felt pains in the legs and noticed a diminution of visual acuity to the left. There had been also considerable loss of appetite, flesh and strength of late, and he had become very pale.—*Pacific Coast Journ. of Hom.*

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DR. DANDOLO MATTOLI.

We know that all friends of Dr. D. Mattoli, and they are all who know him, will wish to congratulate him most heartily on his recent marriage, and wish him happiness, long life and prosperity.

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ANTIPYRIN.—Dr. Mersch, commenting on the lack of laboratory evidence that *Antipyrin* reduces temperature in the healthy subject, points out that clinical testimony is in rather the opposite direction. He relates three cases in which the drug, given for other ailments, such as migraine, induced a strong febrile reaction, and claims its febrifuge virtues (such as they are) for homœopathy.

*Journ. Belge d' Homœopathie.*

## ORIGINAL COMMUNICATIONS.

### SOME RELATIONSHIPS OF THE SCIENCE AND ART OF HOMŒOPATHY.\*

By DUDLEY D'A. WRIGHT, F.R.C.S.

THE address which I have to deliver to-day is introductory to a series of lectures on *Materia Medica* and *Therapeutics* which my colleagues Dr. Goldsborough and Dr. Wheeler will deliver here in the course of the present session.

These lectureships have been established by the Trustees of the late Mrs. Elizabeth Honyman-Gillespie, of Edinburgh, in co-operation with the Board of Management of the London Homœopathic Hospital and of the British Homœopathic Association, in accordance with the terms of a trust for the purpose of founding, or contributing to found, a new school of medicine which shall embrace the teaching of Homœopathy as well as ordinary medical subjects, and other new and useful cognate studies.

This introductory lecture is given under the ægis of the Compton-Burnett Fund, founded in commemoration of the late Dr. James Compton-Burnett, which fund has also established a Professorship of Homœopathic Practice, the lecturer for this year being Dr. John Weir.

These three sets of lectures are intended to supply post-graduate instruction, so that all medical men, especially those who have just qualified, may have an opportunity of learning the principles of the homœopathic system, and, in conjunction with the clinical work at the Hospital, both in the wards and out-patient departments, may have the additional advantage of seeing its practical application.

During the summer months a special post-graduate course is held; a series of lecture demonstrations being given by members of the medical and surgical staff of this hospital on particular subjects, the endeavour being made to exhibit the rarer or exceptional cases of disease,

\* The Introductory Lecture to the Educational Session 1913 to 1914.

and deal with special aspects of treatment, including the applicability of remedies chosen according to the homœopathic principle.

And in order that none should be debarred by lack of funds from taking advantage of this instruction, the Sir Henry Tyler Scholarship Committee offer a certain number of scholarships of from £5 to £20 to enable any who are thus prevented from attending to take out the course of Compton-Burnett lectures.

In addition to this the late Lady Tyler and Dr. Margaret Tyler have presented scholarships of the value of £150 to enable young graduates to go to America for six months and there study the methods of prescribing which are taught in that country. Dr. Margaret Tyler informs me that during the past five years one female and thirteen male graduates have been presented with these scholarships.

Finally, there is a Ladies' Travelling Scholarship presented every two years by the British Homœopathic Association, which enables the holder to go abroad to Europe or America to study diseases of women and children. The present holder is Dr. Cunningham, late Resident Medical Officer of this Hospital, who is now studying in Vienna.

From the particulars which I have given it will be readily seen that considerable facilities are afforded to students of Homœopathy in this country who are desirous of acquiring a knowledge of the science and art of this branch of therapeutics. By "science" we mean the facts which experiment and research have established; and by "art" the practical application of these facts for the cure of disease.

If I contrast the conditions obtaining at the present time with the state of things twenty-five years ago, when I first studied Homœopathy after completing my medical education, it will be seen how much better is the provision made for students now-a-days. At that time the would-be inquirer was left to pick up his knowledge, partly from books, and partly from attending the clinics of the Hospital and the monthly meetings of the British Homœopathic Society, where papers on medical subjects were read and discussed. There

was no regular systematic teaching carried on, and beyond a fairly complete library at the Hospital, there was very little inducement for students to look into the subject.

The absence of organized teaching was certainly not for lack of good teachers. I need only mention the names of Hughes, Dudgeon, Drysdale, and Hayward, all of whom were living at that time, to prove that the material was there, but apart from a small fund left by the late Dr. Bayes for the purpose of founding a school of Homœopathy, and named, after him, the Bayes Fund, the proceeds of which were, I believe, at that time used by the Hospital, no money existed for the payment of lecturers.

A few years later an attempt was made to resuscitate the old school of Homœopathy which had fallen into a state of suspended animation, and the Hospital authorities handed over the income of the Bayes Fund for this purpose, but it was not until the establishment of the British Homœopathic Association in the year 1902 that a real move was made in this direction, and when the trustees of the Honyman-Gillespie Trust made the grant of funds the teaching was put on a firm basis, and with results which are in every way satisfactory and promising.

But although up to the present time we have every reason to be satisfied with what has been accomplished, it is not in the order of things that we should lack ambitions for the future. It is not to be expected that the goal of our ideals is reached, and that our development as a teaching body is to stop at its present limits.

Since the last addition to our Hospital in Great Ormond Street—the wing named after Sir Henry Tyler—there now exists a sufficient number of beds to qualify the Hospital for recognition as a Medical School by the Education Authorities ; and it needs but sufficient funds provided by some benevolent donor to enable the Association to set to work to establish such a school.

The chief difficulty which would be experienced in forming such a teaching institution would, I apprehend, come from the lack of teachers from among our own

rank with both the time and qualifications to give high grade instruction in such special subjects as Anatomy and Physiology, though of course there is no reason why we should not go outside the limits of our own body for teachers of these particular studies.

I think, however, that there is a general feeling in homœopathic ranks that we have enough to occupy ourselves just now in what concerns the teaching and propagation of Homœopathy, without taking any active steps in the larger area of general medical training. It would, perhaps, be wiser to mark time in the latter direction, and to direct an effort towards certain sides of our work which need further elucidation or extension.

I hope shortly to indicate a few of these avenues of research and activity, but before doing so I should like to give voice to the conviction that Homœopathy has nothing to fear from any advances in scientific discovery. Far from fearing, we all welcome any discoveries which have the remotest bearing on therapeutics, for we are convinced that the lines of progress of the healing of disease by drugs will be such as to confirm the truth of the law of similars enunciated by Samuel Hahnemann.

Various investigators who have had no connection with Homœopathy and whose views would be altogether in an opposite direction, have substantiated more or less completely the law of therapeutics which Hahnemann formulated, and within the last decade these confirmations have been coming in more and more abundantly, the latest form of treatment, *viz.*, vaccine therapy, having been pronounced by Professor Von Behring, a leader of the German medical world, to be closely related to Homœopathy.

It might be well to explain that the vaccine treatment is based upon the principle of injecting subcutaneously small quantities of the dead bodies of bacteria and the poisons associated with them for the cure of the disease which these bacteria are responsible for. As an instance of this, let us take a simple affection such as boils. These are caused by a particular form of bacterium. This organism is isolated from the pus

expressed from the boil, and carefully grown on a suitable nutrient medium.

From this so-called culture a preparation is made containing the dead bodies of the bacteria and their poisons, and this is diluted to the required extent, and a small quantity is injected into the patient.

It is found that immediately following such an injection a period usually occurs in which the patient's power of resistance to the bacterium is lowered, but this is quickly succeeded by a heightened power of resistance which lasts a variable time, and during this period the disease undergoes an amelioration, and subsequent injections may so increase the patient's capacity for overcoming the germs that the disease is completely cured.

Thus is the injection overcome on the principle of "a hair of the dog that bit you," and it is not surprising that our German professor labelled it "homœopathy."

Unfortunately, not all von Behring's colleagues are so fearlessly candid as he, and, therefore, the true meaning of these discoveries is lost to the general run of practitioners for want of a proper interpreter.

And not only can it be shown that in drug and vaccine treatment the law of similars is potent, but the same holds good in the case of the various forms of physical therapeutics, as I shall have occasion to point out.

Further, the latest discoveries in the realm of Chemico-Physical research indicate that the dilution of remedies in the particular way taught by Hahnemann is in the right direction, and truly scientific. Many are the proofs now forthcoming of the importance of infinitesimals in every vital action, and much of this is at this time of day common knowledge, and many of you may be familiar with it. However, it would be well to say something on this head, for in the past, at any rate, this has been one of the chief points which the opponents of Homœopathy have attacked and held up to ridicule. How is it possible, or in accord with common sense, they say, that remedies diluted thousands of times can possibly have any effect whatever? If healing there be, it must be by means of the faith of the patient and not through any efficiency of the drug.

But with the facts at our disposal we can afford to bear such strictures with equanimity, for the balance of evidence is all on our side.

In the realm of physics, a case in point, as throwing light on our practice, is the conveyance of electric currents through liquids containing salts in solution. The results of experimental research on this subject have an interesting bearing on what is called the "potentising" of our remedies. In this case it has been shown that the electric current is carried through the liquid by infinitesimal sub-divisions of the substance which is in solution in the liquid. These infinitesimal portions are called "ions," and each carries a positive or negative charge of electricity, and moves through the liquid and gives up its charge to one or other electrode, *i.e.*, the terminal by which the current enters or leaves the fluid. This conduction may figuratively be represented as taking place by the passage of discrete quantities of electricity in much the same way as water is sometimes carried from a lake to a burning house by means of a chain of bucket-bearers, each bucket representing an ion with its electric charge.

Now it has been proved that dilution of the substance in solution, up to a certain point, increases the number of ions which are free to carry the electric current. In concentrated solutions these ions are bound up and cannot move from pole to pole, but the weaker the solution is made, up to a certain point, the greater the number of free ions, and the greater the conductivity of the fluid for the electric current.

It had been surmised by some that these ions are the active parts of drugs, at any rate in the case of metals, salts, and acids; and the above mentioned fact gives support to the doctrine of Hahnemann that trituration and dilution of remedies increases their curative powers by freeing the active principle.

Whether we are right or not in conjecturing that the ions are the active agents in potentised remedies, there can be no doubt, of the fact that some force is set free by this method of "potentising" which the Homœopathic school adopts. Hahnemann asserted that it released the "dynamis," or indwelling spirit

of the drug. This "dynamis" corresponds with the "arcanum" of Paracelsus ; at least it would seem that the same fundamental idea gave birth to both theories.

Paracelsus said of the arcanum : "It is not the visible outward thing, the plant or mineral which we look upon, but the indwelling spirit." It is probable that Hahnemann was aware of these views of Paracelsus, though the idea of, so to speak, breaking up the drug previous to its administration and so freeing the dynamis appears to have originated in his own fertile brain.

It is, perhaps, not a difficult task to explain these ideas of Paracelsus and Hahnemann in terms of modern science, and for this purpose I will make use of the following quotation from a paper on "Modern Science and Homœopathy" by my esteemed colleague, Dr. Percy Wilde. He says :

"It is known that it is a law of the universe that there must be affinities between agents which influence each other. We have already seen that disease is essentially disorder of the life force (or forces). And I do not see how it is possible to reason otherwise than that drug action, whether pharmacodynamic or therapeutic" (*i.e.*, in its power to produce symptoms or to cure disease), "implies some property attached to the drug—its radiation or emanation—which is related in an affinitive sense to the life forces, and can thus call forth an action of life forces. And this gives a clear explanation of how drug attenuation is possible, and in fact, in many cases, necessary. We require a medium which will receive and carry the radiations or emanations, and even to develop them from the material drug to which they belong, and thus we get away from the original substance."

"Thus, to use an analogy, certain agents can receive from radium the radio-active properties and transmit them. A cruder illustration is that scents are not scents unless there is an aerial medium to convey the emanations.

We have already seen that the more matter approaches the imponderable, the more it develops



powers and forces undreamed of before. Homœopathic attenuation is undoubtedly a development of these undeveloped forces; either an accentuation of forces already manifest, or the appearance of forces not yet known, as with the case of insoluble and other salts. It is a well-known fact that our deeply acting medicines are chiefly used in the higher attenuations, or, to use a better word, potencies. To my mind, that means that the properties attached to the drug have been aetherialised or spiritualised, if I may use these terms, and so made capable of producing in the life forces a greater action because less materialistic, and, therefore, more in affinity with those forces.

Physicists are now agreed that the more matter is broken up into small mass and made discontinuous, the more it alters its properties. The nearer we get to the atomic nature of any substance the more we find its properties modified. Even the action exerted on them by what we term physical laws is modified to some extent. An example of this is seen in the particles composing the tail of comets. These particles are so infinitely minute in size that they are no longer amenable to the power of the force of gravity exerted by the sun, but are, on the contrary, acted upon by some centrifugal force, so that as the comet passes round the sun, we have the anomalous circumstance of the tail pointing away from, instead of towards, that luminary.

Another example of this modified action of physical laws when acting on imponderables is the following, which I have abstracted from Professor Poincaré's book on "The New Physics and its Evolution" (Page 97). He says :—

"Modern experimenters have succeeded by direct experiments in placing in evidence this altered character of matter when taken in small mass. Thus, for example, the superficial or surface tension, which is constant for the same liquid at a given temperature, no longer has the same value when the thickness of the layer of liquid becomes extremely small. Newton noticed even in his time that a dark zone is seen to form on a soap bubble at the moment when it becomes so thin that it must burst. Professor Reinold and Sir Arthur

Rucker have shown that this zone is no longer exactly spherical; and from this we must conclude that the superficial tension, constant for all thicknesses above a certain limit, commences to vary when the thickness falls below a critical value, which these authors estimate, on optical grounds, at about fifty millionths of a millimetre."

From experiments, Professor Quincke has obtained similar results with regard to layers of solids. He and others have shown that all the properties of a body are modified when taken in small mass; including their optical properties and their electric conductivity. M. Houllevigue has recently demonstrated that copper and silver cease to combine with iodine as soon as they are present in a thickness of less than thirty millionths of a millimetre. It is this same dimension likewise that is acquired by the smallest thicknesses it is possible to deposit on glass. These layers are so thin, that they cannot be perceived, but their presence is revealed by a change in the properties of the light reflected by them.

Thus, below fifty to thirty millionths of a millimetre the properties of matter depend on its thickness. This, I think, is a most important fact, showing what minute division will do in the way of altering the physical properties of bodies; and if the physical are thus altered, we have reason to suspect that the chemical or physiological properties likewise undergo a change.

Though not bearing altogether on this particular point, I should here like to bring in another illustration from physical chemistry of the action of infinitesimals.

Under certain conditions, what is called a supersaturated solution of a salt may remain in the fluid state without depositing solid crystals. If to this supersaturated solution an extremely small crystal of the dissolved substance, (a so-called germ) is introduced, what is called the *equilibrium* of the solution is immediately disturbed, and its crystals are deposited in it.

Professor Ostwald desired to find out how small a quantity of salt would suffice to call forth this crystallization. For this purpose he made use of the method of treating the salt with powdered quartz in the same way

as homœopathic triturations are prepared with sugar of milk.

By constantly trying weaker and weaker triturations he discovered that one-tenth milligram of a fifth centesimal triturate was sufficient to call forth crystallization, but one-tenth milligramme of the sixth centesimal was ineffective. In round figures this would show that one millionth of a milligramme of the solid salt suffices for the dissolution of the supersaturation.

There exist a vast number of questions which would form suitable subjects for research, did we possess a properly equipped laboratory, and suitable workers in this field, and I can conceive of none more important at the present time than the effects on the vital processes of living cells of the various remedies common to our school.

Dr. Wheeler, who has had charge of the Association Laboratory, has done some work in this direction in connection with the action of increasingly minute doses of *Arsenic* and *Perchloride of Mercury* on yeast cells. He has shown that whereas a large dose is lethal, infinitesimal doses are actually stimulants of the growth of the cells.

He has been good enough to give me some particulars of his experiments which he hopes to publish later on. He tells me that it can be accepted as a general rule that substances which in large doses prove fatal to living cells, in small doses act as stimulants to their life activities. He has made the interesting observation that the stimulant action can be observed with attenuations of the sixth to twelfth decimal dilutions, but that above the twelfth decimal no consistent results are obtained. Dr. Wheeler is careful to point out that we are here dealing with living, and presumably, healthy cells, and that these figures are really no criterion when treating diseased tissues. It may be that in the latter case the cells composing the diseased area are capable of being acted upon, or responding to dilutions considerably higher than the twelfth decimal attenuation.

In suggesting that simple living cells should be made the object of research, I am fully aware that to this

kind of work objection may be taken on the score that in the healing art we deal with patients and not with simple living cells, and that facts obtained concerning the vital processes of the latter can be of little service to us when we are called upon to deal with the former. I fully recognise the importance of this contention. It is true that the symptoms produced in provers of remedies can in no way be compared with those produced in isolated cells. In the latter we have little which is comparable with the totality of symptoms the result of combined organic processes which go on in the complex human body, to say nothing of the emotional and psychical states called forth by the drugs employed in the experiment ; at the same time we have, in dealing with isolated cells, the advantage that they can be more easily dealt with and kept under observation under fixed conditions of environment, and such like, in a way that it is impossible to do with provers. And, further, the value of these minute living entities is inestimable when we consider what delicately sensitive instruments they are.

Howsoever wonderfully delicate man-made instruments may be for recording chemical and physical changes in living or inert substances—and their delicacy will be appreciated when we learn that an instrument termed a bolometer will register a rise or fall in temperature of one millionth of a degree—they are nowhere in comparison with the exquisite sensibility of living cells.

As examples of this I will give some facts from investigations made by Professor Charles Richet of Paris.\* This observer, experimenting with the organism of fermentation of milk, found that quantities of metallic salts corresponding to the infinitesimally small dose of the ten millionth of a milligramme per litre (in the case of Vanadium salts for instance) are not without some effect on the fermentation of milk; and this figure is altogether extraordinary, for the ten millionth of a milligramme exceeds in infinity all that we are accustomed to take into consideration. Nevertheless, the

\* "Ancient Humorism and Modern Humorism." *Brit. Med. Journal*, October 1st, 1910.

lactic ferment is capable of discerning this amazing dilution, and as there is in a litre which is fermenting a hundred thousand milliard cells, and perhaps more, it follows that the quantity of *Vanadium* which acts upon each cell is represented by a fraction of a gramme so small that twenty-five zeros would be needed to express it.

It was found that all metals acted in the same way as *Vanadium*, especially *Thallium* and *Barium*. The Professor says that one may well ask whether one has here to deal with a chemical action, or an action more or less analagous to that of *Radium*.

It is interesting to find Professor Richet throwing out this suggestion of the analogy to radio-active substances. It will be remembered that Dr. Wilde, as quoted above, drew attention to this analogy.

Whatever may be the explanation, there can be no doubt that we do not know the limit of the sensitiveness of living cells to this kind of action. Experiments have shown that so far as chemical action is concerned, where the vitality of cells is at stake, the sensitiveness is of the most searching nature.

\*An experiment of Englemann's illustrates this in a striking way :—

Certain micro-organisms of the infusorium type containing chlorophyll or the green colouring matter of plants in their cell-body, are made to live in a liquid containing oxygen-loving bacteria. This liquid is exposed for one second to the rays of the sun, and at once all the bacteria are seen precipitating themselves towards the chlorophyllian infusoria. This is because the infinitesimal quantity of chlorophyll exposed to the light during the second has decomposed a portion of the carbonic acid present in the liquid, and liberated oxygen, which attracts the bacteria. In such a case we have to do with an imponderable quantity. But this quantity is sufficient to make the bacteria precipitate themselves with violence towards this thousand millionth part of a gramme, and a still smaller quantity of oxygen which has been given off.

Many similar experiments could be brought forward,

\* Quoted by Professor Richet.

but enough has been said to prove how delicately do living cells react to imponderable quantities of chemical substances, and one may justifiably draw the conclusion that if physiological processes are set going, or influenced, in any way in healthy living cells by such inconceivably minute quantities, how much more easily affected must those cells be which are endowed with the irritability which a diseased state confers upon them. We have indeed entered upon a new, important, as well as vastly interesting chapter in our knowledge of life processes, and one which is pregnant with deep relationships to the science and art of Therapeutics of the New School.

It has been well said that every great advance in the Sciences consists of a vast generalization, revealing deep and subtle analogies. Hahnemann's discovery may, I think, claim to fall under this category; and one of the analogies which has come to light, chiefly within comparatively recent years, is the fact that the law of cure by similars extends into the realm of physical therapeutics.

It may be said with truth that in the whole past of the history of medicine there is scarcely one, if even one can be found, of the various physical methods of cure which has not been used on the basis of this law of likes curing likes.

Heat for allaying fever, or inflammation, or for overcoming shock; cold for frost bite; gentle exercise and manipulations for fatigue or nervous exhaustion, all these are examples of this, and can be shown to be based upon the law of similars. In the case of electricity, the strong Faradic current will produce neuralgic pains, whilst a weak dose of the same will relieve or cure this malady. In dealing with paralysed muscles, the late Dr. Meyhoffer discovered a fact which is clear evidence of the truth of the homœopathic principle. He says: "As is well-known, the action of the positive pole of the galvanic pile is centripetal and stimulating, that of the negative pole is centrifugal and sedative. The common practice in Electro-therapeutics is to use the centripetal current for paralytic affections, and the centrifugal for convulsions. Here lies the reason for

the frequent failures of galvanic treatment, as the reverse proceeding is the only correct one." He was led to this knowledge by treating a case of writer's cramp, for when he applied three or four times the negative pole on the head and the positive one on the cervical vertebræ, it was without the smallest effect, whereas, when he reversed the position of the poles, the effect was immediate ; that is to say, after exposing the hand of the patient for four or five minutes to the ascending current, the cramps increased and continued violent for about one-and-a-half hours, after which the hand was almost completely free from cramp, and a second application restored the function entirely. Later on, he found that this proceeding acted in a similar way in chorea or other convulsive affections.

The homœopathic action of radio-active substances such as *Radium*, and also of X-rays, is firmly established. Both of these agents produce changes graduating from simple inflammation up to widespread destruction of the tissues to which they have been applied, and, in the case of X-ray—and probably time will show that it is the same with *Radium*—later changes may occur in the affected parts leading to the production of cancerous growths.

It is common knowledge that both these agents are used therapeutically to cure the very conditions which they produce when administered in excessive doses.

It is difficult to see how any one can doubt the validity of the law of similars when viewed in the light of such facts as these.

So-called "ionic treatment," such as is carried out by driving metallic or other "ions" into the tissues by means of a current of electricity, will also act in accordance with the same law.

Take, for instance, the metal zinc. The ions of this substance when driven into the tissues by a very strong current of electricity, will destroy to a considerable depth the parts which have been exposed to its action. I have lately had an opportunity of showing that a small dose of the same treatment will act as a stimulant to diseased tissues, causing ulcers, and long-standing sinuses to heal up rapidly, even after only one applica-

tion. I should like to give an instance of this, as I am not aware of a similar case having been previously recorded in medical literature.

I was asked by my colleague, Dr. Burford, to treat with Zinc ionisation a patient of his from whom he had previously very satisfactorily removed by means of *Radium* a large and otherwise inoperable cancer of the breast.

The deep and extensive ulcer which was left after the mass of the growth had come away refused to heal under any kind of application, and was, moreover, causing a great deal of suffering from constant pain in the wound.

Dr. Burford asked me to try what the treatment by Zinc ionisation would do for the patient, and though I was somewhat doubtful whether it would accomplish anything, it was decided to give it a trial. Such was the sensitiveness of the parts that even after the application of cocaine the patient could not bear more than three minutes application of a three milli-ampère current with a weak Zinc sulphate solution.

So small was this dose that I did not expect any result to come from it, and I gave it as my opinion that more applications would be necessary. In this, however, I was mistaken, for the ulcer forthwith commenced to heal, and the pain lessened rapidly, and without any further application the wound cavity completely closed up. It speaks much for Dr. Burford's skill in the treatment of the original growth, that nearly two years later the patient reported herself in excellent health and free from any local trouble.

A subject that would well repay close investigation is the relationship which Hahnemann's theory of chronic diseases bears to the facts which present day science has put at our disposal.

Hahnemann's idea that chronic diseases were dependent upon one or other of what he termed miasms, and which he classified as syphilis, psora, and sycosis, is not so fanciful as the old school practitioners have endeavoured to make out. It is probable that under the head of sycosis more than one form of infection



is included, and that a new classification is needed, but I hardly think that anyone can at the present day doubt that a vast number of chronic diseases are due either directly or indirectly to the entrance into the system of poisons manufactured by living organisms which find a suitable soil in the body, and that they can leave behind effects which become manifest years after the primary action of the poisons has ceased. We need only recall the vast inroad made on the general health, as well as the appearance of joint troubles, and the disorganization of the blood which are so frequently caused by the absorption of the poisons generated by the germs which find a lodgment in the teeth and gums in cases of the disease called pyorrhœa alveolaris.

But clearly as was Hahnemann's genius shown by this acute generalization regarding chronic diseases, it was probably even yet more vividly manifested in his discovery of the remedies suited to each particular miasm. Whatever value may be attached to his theory of the miasms, we have here at any rate solid ground to tread on, for it has been proved over and over again that the remedies he indicated are of the greatest service in these morbid states.

This discovery was one which he made absolutely independently of any aid from medical science of his day. It was due entirely to his own particular method of experimenting, viz., the testing of the effects of drugs upon the healthy human body. It was in this way that he obtained his first inkling of the homœopathic law, and all his subsequent knowledge of the curative action of remedies. And it has been truly said that on the theoretical side, he approximated drug healing to the pure sciences, for by instituting experiments on the healthy body he obtained a knowledge of each drug *in terms of human symptoms*, thus making each,—naturally, applicable to man for the cure of those particular symptoms which the drug induced.

Under the illumination of this beacon light which Hahnemann lit for us, we understand the *rationale* of the law of similars. We see that each drug acts on the diseased tissue because it has affinities with that

tissue. It is as George Herbert says in his poem on Man :

Nothing hath got so far  
But man hath caught and kept it as his prey ;  
His eyes dismount the highest star,  
He is, in little, all the sphere.  
Herbs gladly cure our flesh, because that they  
Find their acquaintance there.

The proving of our remedies, by which, of course, is meant the testing of the action of drugs upon the healthy human body, is a subject which must always be of the deepest interest to every member of our school.

This system of proving remedies is nearly a monopoly of homœopathists. There are, indeed, a few recorded instances of this method of ascertaining the action of drugs on the human frame having been utilized before Hahnemann's day. It is stated that Mithridates, King of Pontus in Asia Minor, who lived from 120-63 B.C. instituted experiments on himself and criminals in order to ascertain the action of certain poisons, but whether this was for therapeutic or other purposes does not transpire. In this, at any rate, Mithridates showed himself a true scientist in that he did not hesitate to experiment on his own body, and thereby set a worthy example to future generations.

Fifty years before Hahnemann, Haller had insisted that to know what a drug could do in sickness it was essential first to test it upon the healthy. This would seem to be a very obvious conclusion, but it does not appear to have been accepted or put into practice, to any extent, before Hahnemann's time, or even since then, except by his followers.

Considering that the greater number of the remedies we now use were proved about a hundred years ago, and that since that time the art of diagnosis of disease has undergone a change which may well be classed as revolutionary, it is not surprising that a general feeling has arisen as to the desirability of re-proving, under the light of modern methods of diagnosis, the leading constituents of our *materia medica*.

From time to time sporadic efforts in this direction have been made both in this country and in America. In the latter, it appears that provers have occasionally gone to work in a very thorough way, for we read of certain provers of *Arseniate of Quinine* whose health was ruined by the hardihood wherewith the investigations were prosecuted; and also of a case in which, about the middle of the last century, an experimenter actually died from excessive doses of *Gelseminum* taken in the course of a proving, and the physician under whose charge the investigation was carried out was committed for trial, but fortunately obtained an acquittal, though with much difficulty.

Within the last four or five years re-provings have been made both in this country and in the United States. In the latter, under the ægis of the Ophthalmic, Otological and Laryngological Society with Dr. Bellows of Boston as President, and in this country by a committee of the British Homœopathic Association, who employed provers both paid and unpaid, and regular and systematic examinations of their workers were made by a staff of experts who noted the results of their examinations on printed forms, which results were subsequently collected and edited.

In the United States local boards of provers under a local director were established. The provers were paid, and daily examinations of the provers were made. Many other precautions to ensure thoroughness and accuracy were taken. After three years of labour eleven boards of provers finally sent to Boston the record of tests made by one drug on fifty-one persons.

So far as the American results are concerned, we will let Dr. Bellows speak. Briefly, he declares that the method adopted will have to be abandoned as impracticable. "The weak spot," he says, "is the reliance on the busy physician. Men capable of doing this work are busy men, and the difficulties in the way of continued services finally become insurmountable. It is not a work to be undertaken by the profession at large. Nor is it a work to be carried on by medical colleges under present conditions. Volunteer provers, as a rule, are not a success, and it is doubtful

whether it would be wise to demand that the proving of drugs should be part of the curriculum. While a college may be of great assistance in drug proving, that is not its primary object, and unless it had a huge endowment, and could afford a separate department with salaried officials, its efforts would be mostly sporadic."

Dr. Bellows continues : " To my mind there is only one way in which further drug proving can be done as it should be done to meet the demands of modern times, and that is an institution founded and equipped for this purpose. What we need now, and what we must have sooner or later if this work of re-proving our *materia medica* is to go on to a successful completion, is an Institute of Drug Proving. Until we do have such an institution the best work which can be done by individuals, or by proving boards, or by Colleges, will prove inadequate to the requirements which modern methods in other lines of work lay upon us. In my judgment, we might almost better conserve our energy and concentrate our forces, so far as systematic re-proving is concerned, until such time as an Institute of Drug Proving is within our reach, rather than struggle with the problem and make ineffectual efforts to accomplish the well-nigh impossible with the means at our command."

These conclusions of Dr. Bellows apply not only to the subject of re-proving, but to every branch of the investigation of our science, but more especially to laboratory work. It is impossible to expect satisfactory results, or results which would appeal to, or convince, the scientific mind of to-day, which have not been born of careful and systematic experiment with all modern instruments and methods. And this cannot be done without properly equipped institutions, and funds sufficient to pay fully qualified workers. The efforts which the British Homœopathic Association has made in this direction are praiseworthy, but it has been hampered in the past by lack of sufficient funds, and it is to be sincerely hoped that some munificent donor will come forward to make up for this deficiency.

So far as re-provings are concerned, I do not think that many of us in this country will be found ready to dispute what Dr. Bellows has said. One thing is quite certain, viz., that to get really satisfactory provings no expense should be spared; sufficient funds must be forthcoming to pay for the skilled work which is required, and that such a work is really necessary I believe will be freely admitted by those who are acquainted with the needs of our body. We have a *materia medica* which has in the past, it is true, enabled us to put into practice with very considerable success a great therapeutic principle, but it is doubtful whether we have one which would meet the requirements of modern science; and, as has been truly said, it is our business to put it into such a shape that, as a scientific work, it will commend itself to scholars everywhere. Such a *materia medica* would be investigated, and such an investigation would quickly show the wide scope of the homœopathic law.

I have now touched upon some of the problems which require elucidation, and the lines upon which researches may profitably be prosecuted.

Hahnemann, as a philosopher and practitioner, was generations in advance of his day, and he broached theories which the state of science of his times gave him no means of proving.

Such has been the lot of most advanced thinkers of all ages. Were anyone to arise at the present day with such a mentality as Hahnemann possessed, he would find to hand a vast storehouse of knowledge in which to labour and farther the work of his illustrious predecessor. It is our duty, as well as our privilege, to endeavour to continue the work thus begun, and, in the light of present day knowledge, and with the amplified means at our disposal to discover new facts as well as to discard what is erroneous, and to establish what is the truth in those teachings which the genius of Hahnemann has handed down to our generation.

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## CASES FROM PRACTICE.

R. S. STEPHENSON, M.D.

### TUBERCULIN.

SEVERAL months ago Mrs. W. visited me and stated that over twelve years previously I had cured with medicine her husband, a farmer, of *lupus*. She asked me to look at her face and I found the same trouble had attacked the tip of her nose. Her local doctor had made the same diagnosis three months previously and had treated her with X-ray applications. She had improved somewhat, and was advised to wait for some weeks, and then take another course of X-ray treatment. She wished to know if she could take the remedy which had cured her husband.

On reference to my case book I found the remedy was *Tuberculin*—Heath and Burnett. The sore was bluish, larger than a threepenny piece, and inflamed at the edges. She received *Tuberculin* a few doses in high dilution and plenty of *Sac lac*.

In a week there was marked benefit, and in three weeks there was no trace of the trouble left. She was and remains completely cured.

*Tuberculin Bovinum* (Kent) is the better remedy for the treatment of enlarged glands, of adenoids and of hereditary consumptiveness. Cold sweat of the hands and tubercular ulcer of the skin of the wrist was cured by it. For obstinate ringworm I prefer the preparation of Heath and Burnett.

### ECZEMA.

Mrs. X.—florid, fair, stout, over sixty. Has always had a sensitive skin. For ten years has had treatment for eczema. For three years her face has been so bad; she has not left the house. The face is all red and raw and weeping; so that she is stuck to the pillow every night. She is sleepless from itching. Has had lotions and pills and ointments, prescribed by physicians, and endless patent cures prescribed by numerous friends. Her general health is good, except that she gets attacks of gastritis and bronchitis at times. My treatment was just as successful as my predecessor's until one day she came down with a bad attack of

gastritis. Temperature 103°. Tongue milky white. Cause: going from a warm bed into a cold bathroom on a frosty morning. I then remembered that she had horny soles of feet, that she was easily chilled, yet could not stand overheating, and her anxious and lachrymose temperament like *Pulsatilla*.

I saw then that all her troubles were gouty and that the remedy for them was *Antimonium Crudum*.

She has been on this remedy with variations to *Pulsatilla* for nine months and finished off with *Sulphur* 1<sup>m</sup>; with triumphant cure of her eczema; with return to good digestion, and better health in every way. It is interesting to note that the *Sulphur* was no use to her until after the *Antimonium Crud.* had finished its action, then it came in most usefully to relieve a troublesome itching about the chin, and sleeplessness, and to complete the cure.

Mr. D. wrote complaining of what his medical men called *Eczema* of palms of hands due to a rheumatic state of the blood. First red patches formed, which became very dry with cracks in the skin and itching. Also itching and tenderness of skin of face as if sunburnt. After prescribing *Rhus* and *Sulphur* with no benefit, I learnt that the symptoms first appeared thirty years before, after rowing hard in a boat race.

*R. Radium* 30. A month later he reported itching lessened, but very annoying at times and desquamation of palms of hands.

*R. Arnica* 30. Six powders and *sac. l.*, which cured.

## GLASGOW HOMŒOPATHIC HOSPITAL.

### PROGRESS OF CAPITAL FUND.

SINCE early in 1909 a dispensary has been open at 8, Berkley Street, Glasgow, for the medical treatment of the poor in accordance with the homœopathic principle. The experience thus gained has led to the starting of a fund for a hospital, to be named after the Houldsworth family, which has generously supported the project. Between £7,000 and £8,000 has been raised, and in furtherance of the object a sale of work,

which was promoted and undertaken by the *patients*, who have benefited by the treatment received in connection with the dispensary, was opened in St. Andrew's (Mid) Hall on Saturday afternoon by Mr. James A. Allan, one of the trustees of the hospital. Mr. Andrew Gray presided, and among those present were Mr. Paul Rottenburg, LL.D., the Rev. Mr. Hill, Dr. R. Gibson Miller, Dr. Thomas M. Dishington, Dr. H. Henderson Patrick, Dr. John Lang, and Mr. James Nesmith, writer, the secretary and treasurer.

Mr. James A. Allan said that the sentiment which had brought most of them there was one of gratitude and of duty and responsibility. It was one of gratitude because most of them, either in their own persons or in the persons dear to them, had experienced the benefits of the homœopathic system of medical treatment. It was one of duty because they felt laid upon them the necessity of securing the extension of these benefits to others. He expressed the thanks of the committee to the donors and the committee who had organised the sale of work. Their gratitude was not merely general to the system, but also and specially to those from whom they had received its benefits. Ever since the intuition of Hahnemann rediscovered the principle of the similar remedy he had had a devoted band of followers, who had risked the disapproval of their professional brethren and even social ostracism in carrying it out. That body of followers was well represented in Glasgow, and what they now felt called upon to do—and what this sale of work existed to help to secure—was to give them better opportunities to carry out their work and to extend their ranks. Homœopathy not being recognised in this country, their practitioners had first to qualify in the old school system, and additions to their ranks had very largely to be secured by a process of conversion ; and while statistics were very strongly in favour of the homœopathic system and a comparison of the results of their hospitals with those of the old school was most convincing, yet these were not sufficient without the opportunity for demonstration in the actual working of the system itself. It was therefore their purpose



to show their gratitude and discharge their duty by doing something to secure hospital facilities under their own homœopathic physicians. In declaring the sale open he could wish it no higher achievement than a success worthy of the considerations which had led to its organisation, worthy of its purpose, and worthy of the cause which it sought to serve. (Applause.)

On the motion of Dr. Rottenburg, votes of thanks were passed.

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## HOSPITALS AND DISPENSARIES.

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### LAUNCESTON.

THE hospital at Launceston, Tasmania, has had a good year, though the smaller number of paying patients has put some strain on its funds. It is interesting to note that the hospital receives a State subsidy. The work done has been of excellent quality, and the results are highly satisfactory.

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## SOCIETY'S MEETING.

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### BRITISH HOMŒOPATHIC SOCIETY.

THE second meeting of the Session was held on November 6th, the President, Dr. Vincent Green, being in the chair. After the minutes were read and confirmed, and certain miscellaneous business had been got through, a paper was read by Dr. Pritchard, of St. Leonards, on "Some Interesting Surgical Cases," illustrated by specimens. The cases were:—

- (1) Splenectomy, following rupture of spleen in a lad aged five years.
- (2) Ligature of both femoral arteries for aneurisms.
- (3) Large fibroid tumour complicating pregnancy.
- (3) Case of Double Uterus.
- (4) Actinomycosis of the lower jaw, removal of half the bone.

The paper was most interesting and a good discussion which was opened by Mr. Knox-Shaw, followed.

Dr. Arthur Sandberg, of London, then read his paper on "Puerperal Fever," the discussion on which was opened by Drs. Burford and E. A. Neatby, and continued by several others, although, the hour being late, their remarks had to be greatly curtailed. Drs. Pritchard and Sandberg both shortly replied.

The Dinner Club met as usual at the Holborn Restaurant after the meeting, about twenty being present.

## BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED).

### RECEIPTS FROM OCTOBER 16TH TO NOVEMBER 15TH, 1913.

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## SIR HENRY TYLER SCHOLARSHIP FUND.

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The usual Monthly Meeting of the Executive was held at Chalmers House on October 21st.

The first of Dr. Wheeler's Winter Course of Popular Lectures on the History, Theory and Practice of Homœopathy, under the title of "Hahnemann and the Birth of Homœopathy," was given at Chalmers House on November 12th. Apparently the new departure in having the lecture at 5 p.m. proved more convenient, for there was a very full attendance. The next lecture, entitled "The Case for Homœopathy: Historical" will be given on December 10th, at 5 p.m.

## REVIEWS.

## ZADKIEL'S ALMANAC.

THIS evergreen annual is again in evidence, and anxious forecasters of 1914 can tremblingly assure themselves of coming good and ill. We are promised a fine summer, which is cheering, and apparently no very serious disturbance, in spite of sundry warnings of danger. The stars apparently influence, but do not absolutely control.

"Lo cielo i vasti movimenti inizia" in fact, but man's will is yet free. With Dr. Mercier addressing the Royal College of Physicians on Astrology, Zadkiel may well feel that his tide is turning.

## KEENE AND ASHWELL'S DIARY.

THIS is another annual, and one which all doctors would sadly miss. Having attained to a high standard, Messrs. Keene and Ashwell are content to maintain it, and it suffices to say that the Diary is as good as ever.

## EXTRACT.

### THE DETECTION OF SMALL AMOUNTS OF GLUCOSE IN URINE.\*

By SYDNEY W. COLE, M.A. (Cantab.), Demonstrator  
of Physiology, University of Cambridge.

It has been repeatedly demonstrated that by the application of Fehling's test alone one cannot with any certainty demonstrate the existence of a small amount of glucose in a specimen of urine. I have elsewhere enlarged on the fallacies of the test.† Briefly stated, they are: (1) Urates reduce Fehling's solution. (2) Creatinine reduces Fehling's solution and also forms a soluble compound with cuprous oxide,‡ thus preventing the detecting of a small amount of sugar. (3) Sodium hydroxide, if present in excess, destroys a small amount of glucose.§ (4) Conjugated glycuronates are hydrolysed to reducing substances by sodium hydroxide. (5) The mixed solution is unstable, and if kept suffers auto-reduction on boiling. (6) The solution is reduced by lactose, a normal constituent of the urine of women during the period of lactation. (7) The solution is reduced by pentoses, which, however, are rarely found in urine.

In the case of a large number of samples of urine as much as 0.5 per cent. of glucose can be added without producing, when tried with Fehling's test, anything more than the greenish cloud that is seen with specimens that can be shown, by more suitable methods, to contain no more than the average normal amount of glucose. It cannot be too strongly urged that for the detection of small degrees of glycosuria Fehling's method is extremely unreliable, and the use of the reagent is almost certain to lead to erroneous conclusions.

In choosing a method to supersede Fehling's one must not lose sight of the fact that normal urine contains a

\* From the *Lancet*.

† *Practical Physiological Chemistry*, S. W. Cole, third edition, 1913, p. 161.

‡ Hugh MacLean: *Biochemical Journal*, vol i., 1906, p. 111.

§ S. R. Benedict: *Journal of Biological Chemistry*, vol. iii., 1907, p. 101.

small amount of glucose. The percentage calculated by different methods varies between 0.03 and 0.08. I certainly think that the latter is too high, for the samples I have tried, but the exact figure is not material. It is of the greatest importance to be able to determine any excess of glucose, however small, above the normal. Macleod\* emphasises this point. "If there really is an excess of dextrose, however small, it indicates that something is amiss with the utilisation of carbohydrates in the organism; it is a danger signal which if heeded and the proper treatment applied, may unquestionably enable us to stave off the incidence of what might afterwards prove a deadly diabetes."

From an extensive series of experiments that I have made, I am convinced that of the great number of tests that have so far been devised, Benedict's† is the most satisfactory one to use in the great majority of cases. The substitution of sodium hydroxide by sodium carbonate overcomes the first four of the objections to Fehling's solution, and the use of sodium citrate instead of Rochelle salt renders the mixed solution perfectly stable. In fact, the only serious objection to it is that it gives a marked reaction with lactose.

As has been pointed out elsewhere,‡ a greyish precipitate of urates and phosphates may appear and lead to a slight amount of indecision.

Nylander's test when correctly applied§ is also valuable in a negative sense—that is to say, a negative reaction indicates that the condition of glycosuria does not exist. But a positive test is yielded by other substances, and so cannot be relied upon as an indication of the condition of glycosuria.

The phenyl-hydrazine test for demonstrating the presence of glucose is very reliable when correctly performed. But it is almost too delicate. A large number of normal urines yield undoubted crystals of the glucosazone. In this connection it may be pointed

\* J. R. R. Macleod: *Diabetes: its Pathological Physiology*, 1913, p. 16.

† Stanley R. Benedict: *Journal of Biological Chemistry*, vol. v., 1909, p. 485.

‡ Macleod, *loc. cit.*, p. 20.

§ Cole, *loc. cit.*, p. 161.

out that the most sensitive method of performing the test in my experience is as follows :—

To 10 c.c. of the protein-free urine in a test-tube add six drops of glacial acetic acid, enough solid phenyl-hydrozine-hydrochloride to cover a shilling, and twice this amount of solid sodium acetate. Heat to dissolve and filter into another test-tube. Immerse this in a boiling water bath for forty minutes. Turn out the flame and allow the tube to cool in the bath for an hour.

I find that the addition of the acetic acid markedly increases the ease with which crystals can be obtained. Binet\* uses acetic acid after the use of lead acetate, but I find that the previous precipitation of the urine by lead is of very doubtful advantage.

During the course of another investigation I had occasion to use blood charcoal for the purpose of decolorising urine. I noted the fact that urates and creatinine are absorbed with great readiness. In many of my experiments I obtained a filtrate containing only about 1 per cent. of the urates and 3 per cent. of the creatinine of the urine, and in some I apparently removed the whole of these substances that so markedly interfere with Fehling's test.

The adsorption of glucose from pure solution by blood charcoal has been studied by Rona and Michaelis.† They find that the addition of 10 per cent. of acetic acid or of 15 per cent. of acetone prevents the adsorption of glucose by charcoal. Anderson‡ confirms this for glucose in urine.

I have investigated the adsorption of glucose and lactose from water and urine under a variety of conditions. Some of the results are given below. The charcoal used was Merck's pure blood charcoal. The adsorptions were conducted at room temperature for 1½ hours in each case. The sugar was estimated by a sensitive polarimeter, using both the sodium yellow and the mercury green.§

\* P. Binet : *Jahresbericht für Tierchemie*, 1892, p. 506.

† Rona and Michaelis : *Biochemische Zeitschrift*, Band xvi., 1909, p. 491.

‡ Anderson : *Ibid.*, Band xxxvii., 1911, p. 262.

§ I am indebted to Professor Pope for his courtesy in allowing me to use his apparatus, and to his assistant, Mr. Williams, for help in making the observations.

*Glucose.*

Per cent.	Per cent. charcoal.	Per cent. adsorbed from water.	Per cent. adsorbed from urine.	Per cent. adsorbed from 10% acetic acid.	Per cent. adsorbed from urine + 10% acetic acid.
1.78	6.35	55.5	50.2	1.1	1.7
0.91	4.5	52.5	27.9	0	0.8
0.49	5.0	63.8	31.2	—	—
0.49	5.0	65.0	44.9	—	—
0.36	4.6	65.0	42.2	0	0

*Lactose.*

1.80	6.35	88.9	77.5	17.9	6.6
0.91	4.5	97.5	76.5	5.3	4.8
0.51	5.0	100.0	86.5	—	—
0.51	5.0	100.0	92.5	—	—

It will be noted that the adsorption of both sugars in the absence of acetic acid is considerably less from urine than from pure aqueous solutions. Also that the adsorption of lactose is very much greater than that of glucose. Taking advantage of these facts, I have elaborated a comparatively simple method of detecting quite small amounts of glucose when present in urine.

There are two fundamental principles underlying my method: (1) Charcoal in a certain percentage adsorbs the greater part of the non-saccharine reducing substances of normal urine, the greater part of any lactose that may be present, and also a certain amount of the glucose normally present. (2) The filtrate is boiled with sodium carbonate, and thus converted to a reducing substance \* which reacts with copper when subsequently added.

Owing to the great ease with which sugar can be detected in the filtrate after adsorption with charcoal, I had considerable difficulty in finding the exact conditions so that the normal sugar of urine should not give a positive test. I believe that I have succeeded in my object and have also found a simple method for distinguishing lactose from glucose. The details of the method are as follows:—

In a dry boiling tube or large test-tube place about 1 gm.† of Merck's pure blood charcoal.‡ Add 10 c.c. of the urine and shake

\* Benedict: *Journal of Biological Chemistry*, vol. iii., 1907, p. 101.

† This can be approximately measured by means of a spatula or the large blade of a pen knife. A spatula three-eighths of an inch broad well piled up with the charcoal for just over an inch, carries about  $\frac{1}{2}$  gm.

‡ The only charcoal that is free from suspicion is Merck's "Blutkohle, mit saure gereinigt." It can be obtained from Baird and Tatlock's.

from side to side to mix thoroughly. Heat to boiling point, shaking the whole time. Cool thoroughly under the tap and shake at intervals for about five minutes. Filter through a small paper (9 to 11 cm. in diameter) into a rather wide test-tube containing about half a gramme of anhydrous sodium carbonate.\* When the fluid has filtered through add six drops of pure glycerine,† shake, and heat to boiling.‡ Note the time when boiling commences. Maintain active boiling for 50 seconds, shaking from side to side to prevent spurting. Immediately add 4 drops of a 5 per cent. solution of crystallised copper sulphate.§ Shake for a moment to mix the solutions, and allow the tube to stand without further heating for one minute. With normal urine the fluid remains blue, with a variable amount of a greyish precipitate of the earthy phosphates. If glucose is present to the extent of 0.02 per cent. or more above the average normal amount the blue colour is discharged, and a yellowish precipitate of cuprous hydroxide forms.

The rapidity with which the precipitate forms is a rough measure of the amount of glucose present; with 0.05 per cent. it appears in a few seconds. With 0.02 per cent. it may not appear till 50 seconds. A yellowish precipitate or coloration appearing after sixty seconds must not be taken as evidence of any degree of abnormal glycosuria. It may be due to the normal amount of sugar in urine.

I have experimented with the urine passed by a large number of apparently healthy individuals. Only once have I obtained a positive result, and in that case the yield of osazone crystals was so large that I am convinced that a slight degree of glycosuria existed. It is interesting to note that the sample in question gave a negative result with Benedict's and Nylander's methods. But my method, in my hands, is more sensitive than either of these.

Chloroform does not give a positive reaction, even when present in considerable excess. I have repeatedly

\* I recommend the use of Baird and Tatlock's "extra pure anhydrous." A quarter of a gramme is carried by about one-half of an inch of the large blade of an ordinary pocket-knife.

† Baird and Tatlock's pure glycerine—sp. gr. 1.260—is to be recommended, since it gives no reduction when boiled with alkalies and copper sulphate. But all the samples that I have tested lose their reducing power when boiled with alkalies for the time I mention.

‡ It is advisable to use a test tube holder, which can be improvised by folding stiff writing-paper.

§ This can be obtained approximately by diluting a cold saturated solution with five times its volume of distilled water.



tried the urines of patients treated with relatively large doses of chloral. In no case have I obtained a positive result, though I was able to demonstrate the presence of glycuronates by Tollen's and Bial's tests. And in all cases the characteristic slow reduction of Fehling's solution was obtained.

There is no necessity to remove albumin, but it is advisable to do so by boiling and filtering; otherwise the coagulation of the albumin when boiled with the charcoal interferes somewhat with filtration. Should the specific gravity of the urine exceed 1025 it is advisable to dilute it with an equal volume of water, and to take 10 c.c. of the diluted urine.

*Test for glucose in pure solution.*—Provided that pure glycerine can be obtained that does not give a reduction on boiling with alkalies and copper sulphate, a very sensitive reduction test can be performed as follows :—

To 5 c.c. of the solution add six drops of glycerine, two drops of 40 per cent. sodium hydroxide, and a drop of a saturated solution of copper sulphate. Shake to mix, and boil for a minute. A yellow or red precipitate separates out.

With dilute solutions of sugar it is necessary to decrease the concentration of the alkali and the copper. By using a single drop of 5 per cent. soda and two or three drops of 1 per cent. copper sulphate, I can detect one part of glucose in a million parts of water.

*Distinction between lactose and glucose.*—In the case of urine from a pregnant or nursing woman the following procedure should be adopted :—

Treat 20 c.c. of the urine with 1 gm. of charcoal as described above. Treat the whole of the filtrate with another gramme of charcoal and repeat the process. To 5 c.c. of the filtrate from this add  $\frac{1}{2}$  gm. of sodium carbonate and six drops of glycerine and boil for 50 seconds. Now add to the hot solution four drops of the 5 per cent. copper sulphate and set the tube aside for one minute. A reduction occurring within the specified time indicates the presence of at least 0.04 per cent. of glucose in the urine.

If less than 0.3 per cent. of lactose is present it is entirely adsorbed by 10 per cent. of charcoal, as in the routine method. By using 5 per cent. of charcoal, as in the special modification, a considerable amount of lactose is removed, and that left is entirely adsorbed by the second treatment. I find that the adsorption of lactose from the filtrate from decolorised urine is

practically identical with that from water. By the addition of as much as 1 per cent. of lactose to urine I have failed to get a positive test when tried in this manner; whereas 0.04 per cent. of glucose gives a distinct reaction. Should this test give a negative result, though the original urine responds to Benedict's test, the urine almost certainly contains lactose.

*The identification of lactose in urine.*—I do not know of any simple method hitherto published of demonstrating the existence of lactose in urine. The osazone, probably owing to its relative solubility, does not usually separate when the osazone test is applied direct to the urine. (I do not find, however, that the addition of 10 per cent. of lactose acid results in a small yield with 0.5 per cent. of lactose added to the urine.) The mucic acid test is a good one, but the evaporation with the nitric acid is inconvenient. The failure to obtain fermentation with yeast also involves much delay in diagnosis and is not very certain. By taking advantage of the difference of absorption of lactose from urine in the absence or presence of acetic acid I can obtain typical lactosazone crystals from urine containing as little as 0.15 per cent. of lactose. The method is as follows :—

To 1 gm. of charcoal add 25 c.c. of the suspected urine, mix by shaking, boil for a few seconds, cool thoroughly, and shake at intervals for ten minutes. Filter through a small paper or use a filter pump. When the charcoal has completely drained transfer it to a porcelain dish containing 10 c.c. of water and 1 c.c. of glacial acetic acid. This is best done by opening the paper, holding it by the clean half and moving it about in the liquid. The greater part of the charcoal is thus removed from the paper. Stir the charcoal with a glass rod and transfer the mixture to a boiling tube. Heat to boiling for about ten seconds and filter the hot solution through a small paper into a test-tube containing as much solid phenyl-hydrazine-hydrochloride as will lie on a shilling, and twice this amount of solid sodium acetate. Mix thoroughly and filter from any insoluble oily residue. Place the tube in a boiling water bath and leave it there for 45 minutes. Remove the tube and allow it to stand at room temperature for at least one hour. It is advisable to allow it to stand longer if possible. Pipette off a little of the deposit, if any, and examine it on a slide under the high power of a microscope.

Lactosazone crystallises in characteristic clumps with projecting spines ("hedge-hog" crystals). It can be recrystallised by filtering through a small paper, washing with a small amount

of distilled water, and then passing about 4 c.c. of boiling water through the paper into a clean tube. The filtrate is boiled and passed through the paper two or three times, boiling between every filtration. On allowing the solution to stand, typical crystals of the osazone separate out. They can be filtered off, dried, and the melting point taken (200° C.).

I trust that the publication of these methods will encourage the routine examination of all specimens of urine for small amounts of glucose. In that way, I believe, valuable information as to the limits of tolerance to carbohydrates in various pathological conditions would come to hand.

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## VARIETIES.

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PHARMACOLOGY OF STRONG SULPHUR WATER.—It causes an increased total nitrogenous output and an increase in the excretion of phosphates and of endogenous creation, proving its effect on the whole musculature of the body and on the hepatic functions. The large increase in the excretion of body tissue (endogenous), uric acid 18 per cent., proves its powerful influence in increasing the rate of metabolism of the nuclein-containing elements of the body.—*Medical Record*.

CONIUM MACULATUM.—Dr. C. E. Hetherington, Piqua, O., summarised this remedy at the end of his paper as follows :

"Sweats day or night. As soon as one sleeps or even when closing the eyes. Giddiness and debility especially of arms, the legs on walking, staggering as if drunken. Tremulous weakness after every stool. Sexual desire without erection. Emissions from slight sexual excitement. Soreness and swelling of breast preceding menses. Indicated also in painless induration of glands. To be thought of as a remedy for the secondary results of traumatism where induration results.

"I have had a very postive cure of a peculiar ear condition characterized by the over-production of wax of a dark reddish-brown colour. Compare it carefully with *Phosphorus* in vertigo, contrast it with *Phosphoric acid* in night sweats. Study it in secondary debilities before giving *Strychnine*, *Sulphate*, *Phosphate*, or *Arsenite*.

"In writing the keynote indicated I chanced upon the following acrostic :

" Celibacy.

" Old age.

" Night cough, sweat and aggravation.

" Induration of glands, mammæ, etc.

" Urinary atony.

" Mental weakness, morose and excitable."

*Gleanings Seventh Annual Session Ohio Homœopathic Society.*

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To CONTRIBUTORS.—Reprints of articles can be ordered from the publishers, on application not later than eight days after publication.

**MEDICAL AND SURGICAL WORKS PUBLISHED  
DURING THE PAST MONTH.**

- Cheyne** (Sir W. Watson) and **Burghard** (F. F.). A Manual of Surgical Treatment. New Edition. Entirely revised and largely rewritten. Vol. 5. Roy. 8vo., pp. 648. (Longmans. Net 21s.).
- Cuff** (Herbert E.). A Course of Lectures on Medicine to Nurses. 6th edition. Cr. 8vo., pp. 292. (Churchill. Net 3s. 6d.).
- Da Costa** (B. F. B.). Sleeping Sickness in the Island of Principe. Cr. 8vo., swd. (Baillière. Net 2s. 6d.).
- Edinburgh** Obstetrical Society Transactions. Vol. 38, Session 1912-13. 8vo., pp. 352. (Oliver & Boyd. 10s. 6d.).
- Edwards** (J. Hall.). Carbon Dioxide Snow: Its Therapeutic Uses, Methods of Collection and Application. Cr. 8vo., pp. 94. (Simpkin. 3s. 6d.).
- Goodheart** (Sir James Frederic). The Diseases of Children. 10th edition, Edited and revised by George Frederick Still. 8vo., pp. 976. (Churchill. Net 16s.).
- Harris** (J. Delpratt). Lectures on Medical Electricity to Nurses. An Illustrated Manual. Cr. 8vo., pp. 98. (H. K. Lewis. Net 2s. 6d.).
- Hurry** (J. B.). The Ideals and Organisation of a Medical Society. 8vo. (Churchill. Net 2s.).
- Jellet** (Henry). A Short Practice of Midwifery for Nurses. 4th edition, revised. Cr. 8vo., pp. 524. (Churchill. Net 7s. 6d.).
- Middlesex** Hospital; Archives. Clinical Series, No. 12. 8vo., swd. (Macmillan. Net 5s.).
- Rankin** (William). The Elements of Bandaging and the Treatment of Fractures and Dislocations (Oxford Medical Manuals). Cr. 8vo., pp. 126. (H. Frowde. Net 5s.).
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- Thomson** (Alexis) & **Miles** (Alexander). Manual of Surgery. Vol. 3. Operative Surgery, 2nd edition. Cr. 8vo., pp. 636. (H. Frowde. Net 10s. 6d.).
- Tuckey** (C. Lloyd). Treatment by Hypnotism and Suggestion: or Psycho-Therapeutics, 6th edition, revised and enlarged. 8vo., pp. 460. (Baillière. Net 10s. 6d.).
- Westminster** Hospital Reports. Vol. 18. 1911-12. 8vo. (Hodder & S. Net 6s.).
- Whitla** (James A.). Materia Medica Notes. Cr. 8vo., pp. 157. (E. & S. Livingstone. Net 2s. 6d.).

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ALL literary matters, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. C. E. WHEELER, 35, *Queen Anne Street, Cavendish Square, W.*

Letters to the Editor requiring personal reply should be accompanied by stamped directed envelope.

All advertisement and business communications to be sent to the "MANAGER" of the Homœopathic Publishing Company, 12, Warwick Lane, Paternoster Row, London, E.C.

LITERARY matter and correspondence should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the *Editor* as early as possible.

## CORRESPONDENTS.

Dr. Storar, Ramsgate—Dr. S. E. Lynes, Jaipur—Messrs. Keene & Ashwell, London—A. J. Pearce, Esq., London.

BOOKS AND JOURNALS  
RECEIVED.

Brit. Hom. Review.—Revist. Hom.—Med. Times.—Allg. Hom. Zeit.—Med. Advance.—The Chronlan.—La Homœopatla.—Ind. Hom. Rev.—Hom. Envoy.—The Chemist and Druggist—Medical Century.—Rev. Hom. Française.—H. Recorder.—L'Omlopatla in Italia.—Revista Hom. de Pernambuco.—N.A.J. of H.—New

Eng. Med. Gaz.—L'Art Médical.—Hom. Jour. of Obst.—Annals de Med. Hom.—Century Path.—Hahnemannian Mon.—Pacific Coast Jour. of H.—Journal B.H.S.—Zoophillist—Calcutta Jour. of Med.—Le Propagateur de L'Homœopatie.—Från Homöopatien Värld.—Journal of the American Institute of Homœopathy.—Eczema: Bernstein.—Indian Homœopathic Reporter.—La Critica.—The Homœopathician.—Iowa Homœo. Journal.—Zadkiel's Almanac.—Elementary Dermatology: Bernstein.

## The Homœopathic World.

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Hospital Expenditure.  
B.H.S. Golf Final. By H. Wynne Thomas.

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The Folkestone Homœopathic Dispensary.

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